



## FINANCIAL POLICY

### PAYMENT OPTIONS

Payment is due at the time service is rendered. If you are covered by an insurance that we participate with, we will collect your office visit co-payment. We will file your claim with your insurance company after you provide us with complete insurance information. Insurance should not be considered a substitute for total payment. It is ultimately your responsibility to pay any deductible, co-insurance, or any balance not paid by your insurance company due to non-covered benefits. We accept Cash, Check, Money Order, MasterCard, Visa or Discover.

### REFERRALS

If your insurance company requires a referral from your primary care physician in order to authorize payment for the services of a specialist, you must obtain it prior to each visit. If this is not obtained, you will be responsible for payment of the medical bill.

### RETURNED CHECKS

- ▶ We will charge a \$30.00 fee for all returned checks.

### COLLECTIONS

- ▶ If your account must be turned over to collections, a \$30.00 collection fee will be added to your account.

### NO SHOW/RESCHEDULE POLICY

We understand that circumstances beyond your control may arise, causing you to miss or reschedule your appointment. You will be responsible for the following charges:

- ▶ We will charge a \$25.00 no show fee for all regular doctor appointments not cancelled or rescheduled within 24 hours of the appointment time.
- ▶ We will charge a \$50.00 no show fee for surgical and cosmetic procedures not cancelled or rescheduled within 48 hours of the appointment time.

***If you are aware of a financial situation that will delay full payment of your account balance, please contact our Billing Department as soon as possible.***

Your signature below signifies your understanding and willingness to comply with this policy.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_