

## **Financial Policy**

Thank you for choosing us for your medical care. The following is a statement of our Financial Policy which we ask you read and sign prior to any treatment.

All patients must complete our general information form and Medical History form before seeing the doctor. If you belong to an insurance or managed care plan, please let us know beforehand.

- We Accept cash, checks and credit cards.
- If you belong to an HMO or PPO that requires a co-payment, you will be asked to pay this prior to your seeing the doctor.

## Regarding Medical Insurance...

Your health insurance policy is a contract between you and your insurance company. Any disputes regarding medical coverage should be addressed directly to them.

- ♦ If you belong to an HMO, PPO, or any other managed care plan in which we participate, we will automatically file your insurance claim for you. You are responsible for obtaining any required authorizations, pre certifications, and/or referrals prior to you visit.
- If a treatment or procedure is performed here and is deemed not payable by your insurance company (e.g. annual physicals, preventive immunizations, etc), you will be held responsible for payment in full.
- If you are a Medicare beneficiary, we will file your claim directly with Medicare for you, If you have secondary insurance, we will balance bill them for the portion Medicare does not pay, However, you will remain responsible for the annual deductible as well as any remaining co-payments. If you have a third insurance, you will be responsible for filing your own claims with them.

| Patients Signature: | Date: |
|---------------------|-------|
| Print Name:         |       |