



OFFICE FINANCIAL POLICY

1. All patients are on a cash basis unless other coverage as stated in section 1 of "Other Coverage" is applicable.
2. We accept the following forms of payment, cash, checks, Visa and Mastercard.
3. First day services are to be paid in full unless arrangements have been made prior to services rendered.
4. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your Report of Findings.

OTHER COVERAGE:

1. We accept assignment for Worker's Compensation and Personal Injury Claims.
2. We **do not** accept assignment for Major Medical insurance coverage. We will however, provide you with either a walk out statement or applicable billing form, listing your diagnoses and service(s) rendered which you can submit to your carrier for reimbursement.
3. We **do not** accept assignment for Medicare, however, we will submit claims on your behalf.
4. You are responsible for your entire bill regardless of your insurance company's failure to pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with them, as your contract is between you and your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent for resolution.
5. Any denied or disputed claims in the case of Worker's Compensation and Personal Injury will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
6. If you are referred to another specialist or discontinue care for any reason other than discharge by the doctor, your bill will be due and full payment expected immediately, regardless of any previous arrangements or discounts.
7. A charge of \$25.00 will be incurred for appointments that are broken or cancelled without a **12 hour** notice.
8. If you have any questions concerning this or any other matter, please speak with the Office manager prior to seeing the doctor.

Thank you.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient's Signature

Date