

PATIENT FINANCIAL TERMS AND CONDITIONS

We are committed to providing you with the best possible care and service. If you have medical insurance, we are happy to assist you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy. **Unless this practice is a participating provider with your insurance plan, it is ultimately your responsibility to pay the provider for services rendered and to assure that your insurance properly processes your claim and pays the provider.** If this provider does participate with your plan, your obligation is to remit all relevant insurance policy information to the provider at the time of service. **It is your responsibility to fully understand the terms and conditions of your insurance regarding the procedures for the filing of claims, what medical procedures and treatments your insurance does and does not cover, what amount, if any, your insurance will pay for medical services, and what your co-payment and deductible amounts may be.**

Unless otherwise agreed upon by the provider, payment for services is due at the time services are rendered. We accept cash, checks, MasterCard, or Visa. We will be happy to help you process your insurance claim-form for your reimbursement. Any such request must be accompanied by a completed insurance form at each visit. In special circumstances we may accept assignment of insurance benefits.

Returned checks will be subject to a **\$35.00** bad check fee, and any outstanding balances older than 30 days will be subject to interest charges of **1 1/2% per month**. Charges may also be made for broken appointments and appointments canceled without 24 hours advance notice. In the unfortunate event collection procedures are required to collect an outstanding account balance, the patient shall be responsible for the reasonable cost (35% of the past due balance) of a collection agency, attorney, and/or court costs.

The undersigned hereby waives any defense he/she may have as to the Statute of Limitations barring future attempts to recover debts owed hereunder in the event of default.

We will gladly discuss your proposed treatments and charges, and will answer any questions relating to your insurance.

You must realize, however, that **unless we are a participating provider with your insurance:**

1. Your insurance is a contract between you and the insurance company. We are not a party to that contract and therefore are not bound by its terms and conditions.
2. We are not bound by the fee payment structure of your insurance policy. You are responsible for whatever portion of our charges your insurance does not pay.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. These charges are your responsibility.

We must emphasize that as medical providers, unless we are a participating provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are happy to help you.

By my signature, I indicate that I have read, understand and do hereby accept the terms of this agreement.

Patient

Date