

## FINANCIAL POLICY

**CASH:** Payment-in-full is due at the time services are rendered. We accept cash, checks, and credit cards. If you wish to convert to insurance billing, please refer to the insurance section below and notify the front office immediately.

**INSURANCE:** Co-payments are due at the time of each visit. If co-payment is not made, you will be billed. The bill will include a \$10.00 (Initials \_\_\_\_\_) billing fee per statement. We must have a signed consent from you with the assignment of payments to this office in order to file claims for you.

**ALL PATIENTS:** You are ultimately responsible for all charges regardless of any existing medical coverage, and this office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim.

Upon discharge from this office, all charges are due and payable within 60 days. A 1.5% monthly finance charge is added to all amounts after 60 days. This represents percentage rate of 18% annual fee. All accounts, on reaching 90 days past due, are subject to submission to an outside collection agency if satisfactory payments arrangements have not been made with the billing office.

You will be charged \$25 (Initials \_\_\_\_\_) for checks returned from your bank for any reason.

**CANCELLED APPOINTMENTS:** This office requires a 24-hour notice if you are unable to keep your scheduled appointment. If we do not receive 24-hour notice you will be charged a fee of \$25.00 (Initials \_\_\_\_\_).

If you have any questions or need to make special arrangements for payment, please notify the billing office immediately.

\_\_\_\_\_  
Patient/Responsible Party

\_\_\_\_\_  
Date