

### Our Financial Policy

This policy covers office visits, labs or radiology testing. By signing this document, I am agreeing to the terms of this Financial Policy.

**Payment is at time of service:** Payment is due in full at the time of service unless you are covered by Medicare or an insurance company with which we participate. You will be charged a \$25 service fee for any returned checks, no exceptions.

**Insurance:** Patients will be asked to present their insurance card to the receptionist for copying upon check-in at the office each time they are seen for medical services. Please make it a point to bring your insurance card with you each time that you visit our office. Claims not paid within 45 days by your insurance company will become your responsibility. You will receive a statement for these services and you will need to contact your insurance company for reimbursement.

For those patients covered by insurance plans with which we ARE participating providers, all co-payments, deductibles and non-covered services are due at time of service. We will file the insurance claim to the insurance company. In the event that your insurance coverage changes to a plan with which we ARE NOT participating providers, we will require payment in full at the time of service and we will file your claim to the insurance company as a courtesy. Any charges that are not paid by your insurance company are your responsibility. Your insurance policy is a contract between YOU and your insurance company. Any pre-certifications of procedures or testing are your responsibility. Please let us know in advance if your insurance company requires this.

**Collections:** Please note, if payment is not received from either you or your insurance company within 60 days from the date of service(s), your account will be considered delinquent and subject to referral to an outside collection agency.

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Signature of Patient

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Date

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Printed Name of Patient