

## Financial Policy

Please read and initial each statement:

\_\_\_\_\_ Payment is due at time of service unless arrangements have been made in advance. We accept cash, checks, credit cards (VISA, Mastercard, American Express, & Discover), and Care Credit. Care Credit offers many payment options, some of which are interest free. Please ask one of our staff about this opportunity. All charges are your responsibility from the date services are rendered.

\_\_\_\_\_ Your insurance policy is a contract between you and your insurance company. As a patient, you are ultimately responsible for payment for all services rendered. We are committed to providing the best treatment for our patients and we charge what is usual and customary for our area.

\_\_\_\_\_ As a courtesy service to you, we file your insurance claims. Regardless of what your insurance company states your benefits are, it is not a guarantee of payment. It is your responsibility to understand your benefits and what is covered under your plan.

\_\_\_\_\_ It is your responsibility to inform us of any changes in your insurance coverage. Timely filing deadlines do exist and you will be financially responsible for any charges that are incurred as a result. If we are given the wrong insurance information at the time of service we will be happy to provide you with the information to file the claim with the correct insurance company yourself.

\_\_\_\_\_ In the event of default, please be advised you may be liable for all costs of collections, including but not limited to: interest, late fees, collection costs, court costs and attorney fees.

I have read and understand the above financial policy, and I agree to be bound by its terms.

Patient Name

Date

Signature of Patient (or Responsible Party if minor)