

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

All patients must complete our "Patient Information Form" before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE, UNLESS ARRANGEMENTS HAVE BEEN MADE PRIOR TO APPOINTMENT.

WE ACCEPT CASH, CHECKS, AND VISA/MASTERCARD/DISCOVER CARD

WE HAVE 0% FINANCING AVAILABLE UPON APPROVAL.

REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits.

We will not accept insurance on your first visit. However, we will help you complete claim forms so that you can be reimbursed by your insurance company to the extent of your coverage.

On subsequent visits, we may accept your insurance if you obtain approval from our office staff prior to the date of service. If we accept your insurance, you must pay at least 30% of total charges at time of service (some procedures require 50% payment). If your insurance company has not paid the full balance within 60 days, you have 15 days to pay the balance. Late payment charges are added to unpaid accounts after 75 days from date of service. If your insurance company pays more than the balance due, we will send you a refund check.

Insurance is a contract between you and your insurance company. We are not a party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance usual & customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account.

ADULT PATIENTS

Adult patients are responsible for full payment at time of service.

MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, and his/her parents (guardians), are responsible for full payment at time of service.

UNACCOMPANIED MINORS

The parents (or guardians) are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized by parents or guardian at time of service.

MISSED APPOINTMENTS

We will make every effort to arrange appointments that fit into your schedule. We do ask that you kindly give us 24 hours notice should an emergency prevent you from keeping your appointment as this will allow us to accommodate other patients, in need of treatment. Should you habitually miss appointments, we may elect to dismiss you from our practice.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____