

PATIENT FINANCIAL POLICY

We believe that our financial policy enables us to provide quality, cost effective health care. Therefore, we request that you review the following procedures and acknowledge your acceptance by providing your signature in the space provided.

FEES: Charges are determined by the time spent with the severity and complexity of the problem. The charge is based on what is usual and customary for our specialty and the geographic area. We cannot alter our fees because of a specific insurance company's interpretation of the rates.

BILLING & PAYMENT: We expect payment at the time of service unless prior arrangements have been made. We prefer not to send bills because the cost of paperwork and postage, affect our fees. If you have insurance, your co-pay, deductible, and cost of non-covered services, is due prior to each visit. We accept cash, check, MasterCard, Visa, and Discover. If you do not have insurance, we require proof of method of payment prior to being seen and payment at the end of each visit.

INSURANCE: Please bring your insurance card with you. If your insurance requires a pre-authorization (referral) from your primary care physician, it is your responsibility to obtain the referral prior to being seen. As a courtesy, we will submit your bill with us to your insurance company; however, if your insurance company does not pay your bill within 60 days, you will receive a statement showing the status of your account. Should you receive this notice, you would then need to contact your insurance company to see about the status of the payment. If the claim is not paid within 90 days of the date of service, the balance will be due and payable to you. The payment for our services is your responsibility. Please direct any questions or complaints regarding your coverage to your insurance carrier.

WORKER'S COMPENSATION: We will bill your worker's compensation insurance company. In most cases, we receive the necessary information to bill your employer's insurance, from the referring clinic; however, if that is not the case, we ask that you obtain the claim number and the address to the WC insurance carrier that is used by your employer. If this information is not available by the time of your appointment, we will need to either re-schedule your appointment, submit the charges to your private insurance, or you may personally pay at the time of service. If the workman's comp insurance or your employer denies your injury was a WC injury, then the balance will be due and payable by you.

NON-INSURED PATIENTS: Since we strive to avoid barriers to treatment, please ask to speak with our financial counselor if you have financial difficulties. He/She will be happy to work with you concerning options for payment.

FORMS: Disability forms, restriction forms/question forms sent by your employer, letters to attorneys, and insurance companies' job description reviews will be provided after requested pre-payments are collected.

Thank you for participating in our financial policy. We look forward to serving you.

I have read the above policy and agree to comply with its contents.

Signature (if patient is under 18 years, guarantor signature is required)

Date