

## **OFFICE FINANCIAL POLICY**

### **CASH**

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.

### **INSURANCE**

1. We will gladly accept assignment with the following exceptions and regulations, provided we have prior certification from your insurance company.
2. We accept assignment for the initial treatment plan only. Any follow-up visits will be payable when services are rendered. Once you have been discharged from active care and placed on maintenance care, we will continue to file your insurance but require full payment per visit.
3. We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with same, as your contract is between you and your insurance company.
4. Whenever you receive any worksheets from your insurance company or explanation of benefits, please bring this information into this office as soon as possible. We must have a copy of this to determine if proper payment has been made. If you should receive a check from your insurance company during our billing, you must bring it into our office upon receipt. If any overpayment exists after all insurance billing has been done, we will issue you an overpayment check - it will not come from your insurance company. All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due.
5. Any services not covered or coverage reductions by your insurance will be your responsibility.

**PLEASE READ AND SIGN THE BACK**

6. This office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise you will be expected to assist directly in dealing with your insurance company, adjustor or agent. Any denied or disputed claim will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
7. If you are referred to another specialist or discontinue care for any reason other than discharge by the doctor, the bill is due and payment in full is expected immediately regardless of any claims submitted.
8. If you have questions concerning this or any other matter please speak with the receptionist or our insurance department prior to seeing the doctor.
9. If your account becomes delinquent to the point of being turned over to an independent collection agency, any collection charges incurred will be added to your balance and will be your responsibility.

Thank you.

I have read and understand the Financial Office Policy and agree to abide by these terms.

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Patient's Signature

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Date