



We are committed to providing you with the best possible care and we are open to discussing our professional fees and policies with you at any time.

#### **Financial Policy**

Your clear understanding of our financial policy is important to our professional relationship. All services rendered are charged to the patient. Payment is due, in full, at the time of service. We file insurance as a courtesy for our patients. We are not in network with any insurance company.

We accept cash, checks, Visa, MasterCard, Discover and American Express.

We can offer a monthly payment plan through CareCredit. Please let us know if you are interested in using this service.

Returned checks will be subject to additional collection fees.

Charges will apply for appointments canceled without a 24 hour notice.

#### **Insurance Policy**

Insurance is a contract between you and your insurance company. Every policy is different. You should familiarize yourself with the specifics of your plan, such as knowing the deductible, yearly maximum, and the services covered.

We will file insurance claims for your direct reimbursement.

In order for insurance claims to be filed promptly it is your responsibility to inform our office of any changes to your insurance.

Thank you for understanding our insurance and financial policies. If you have any questions do not hesitate to ask us. We are here to assist you.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon request a copy of this agreement will be given to the patient