

INSURANCE AND FINANCIAL POLICIES

- Please be sure that we are providers for your insurance plan. Our staff will do its best to inform you if our doctors are out-of-network for your plan. However, it is your responsibility to know your insurance plan.
- Our office needs your complete insurance information to file your charges. If we do not have this information at the time of your appointment, you may be rescheduled, or our office may require payment in full at the time of service.
- If your health insurance plan requires a referral from a primary care physician, your appointment will be rescheduled if we have not received authorization from your doctor. Although our staff will try to assist in confirming that a referral has been issued, it is the patients' responsibility to obtain authorization from their PCP.
- Our doctors may require tests and/or diagnostic procedures in order to care for your health. Depending on your insurance coverage, these may require an additional co-payment or deductible.
- Any outstanding patient balance will be considered past due 30 days after the first bill is mailed, and after 60 days the balance may be forwarded to an outside collections agency. Our office will try to assist in any insurance issues that may arise. However, patients (or their guardians), not the insurance company, are ultimately responsible for paying their medical bills. We are not party to any dispute between the insurance company and the insurance subscriber. Prompt payment is expected when a bill has been mailed.



- Our office will charge \$15 for returned checks.
- If you are unable to keep your appointment, please notify our office at least 24 hours prior to the scheduled time. This will allow us to offer this time to other patients in need. You may be charged a \$25 No-Show Fee if our office is not notified within 24 hours of your appointment time. This fee is not covered by insurance and will be your responsibility.
- There is a \$25 charge for completing disability, FMLA and other insurance forms. It is the responsibility of the patient to pay this fee prior to completion of the form. Our policy is to allow 7-14 days for processing of the form. We require that the patient information, employer information and other personal sections be completed before accepting the form. *Please leave all sections to be completed by the physician blank.*

Patient (Guardian) Signature

Date