

FINANCIAL AGREEMENT

We appreciate the confidence that you have expressed in selecting us as your physicians. If you have any questions regarding our services, fees, or other aspect of your care, please feel free to discuss your concerns with us.

A payment for your office visit and ID are required at the time of service for:

- Patients without insurance
- Patients with private insurance
- Patients who are not covered by one of our contracted insurance plans
- Patients who do not provide us with contracted insurance information

For Medicare and contracted insurances, we will bill all services at no charge as per the requirements of the insurance contract.

All money is owed by the patient for co-pays, deductibles, co-insurance and non covered services at the time of service. For the patients with contracted insurance policies, all co-pays, co-insurance and deductibles, this is to be paid every visit.

Any patient that is seen or treated in our office, without prior authorization from their contracted physician or group, is responsible for the full charge of the visit. Patients will be responsible for obtaining appropriate physician referrals before their scheduled office visit otherwise, payment in full will be required at the time of service.

Any service that is rendered by this office, that is not a covered benefit of your insurance policy, is your responsibility to pay.

It is your responsibility to inform the office of any changes with your insurance coverage.

Our office staff will assist you in dealing with your insurance company, but it is your responsibility to know and understand your own insurance policy.

It is our sincere hope that this policy will be helpful and reduce any confusion or misunderstanding at a later date.

I have read and understand all the above information.

Print name of Patient/Guardian/Policyholder

Signature of Patient/Guardian/Policyholder

Date