

## Financial Policy

Understanding medical care finances can be challenging, especially since an office visit may involve multiple payers. In an effort to provide you with a full understanding of your financial responsibilities as an important aspect of your medical care, we have developed the following policies. Please feel free to ask any questions or discuss any concerns with us.

1. Full payment is due at the time of service.
2. Our office accepts cash, personal checks, and most major credit cards.
3. Our office has made arrangements with many insurance carriers to accept an assignment of benefits. In these instances, we will bill those insurance plans directly. You, however, are still required to pay your co-payment, co-insurance, insurance deductible, and/or fees for services “not covered” by your insurance plan. Payment will be collected at the time of service, or is due upon receipt of a statement from our office.
4. As a courtesy, we may obtain information regarding specific benefits covered and payable under your health insurance plan but it is your responsibility to be aware of the details of your health care coverage, since the benefit information provided to our office by your health insurance company may not be accurate.
5. Patients with an outstanding balance are required to pay their balance before an appointment will be scheduled.
6. There will be a \$35.00 charge on returned checks and future payments will be required in the form of cash or credit card.
7. For services rendered to minor patients, we will expect payment from the adult accompanying the patient, and/or the patient’s parent and/or guardian.
8. **No show policy-** Patients who fail to keep their appointments or cancel less than 24 hours notice more than once will be dismissed from the practice. If you do not keep an appointment, and **you fail to reschedule or cancel at least 24 hours prior** to your appointment, you may be subject to **a \$35.00 cancellation fee. Appointments cancelled within the 24-hour period will be treated as a no show and the no show policy will apply.**
9. If you cancel or reschedule **2 consecutive times** then you will incur a **\$35.00 fee**. If you fail to keep your 3<sup>rd</sup> appointment then you may be dismissed from the practice.
10. The office will charge a fee of \$25.00 for forms filled out at the patient’s request.