



## Financial Policy

Thank you for choosing us as your Health Care Provider. We are committed to your treatment being successful. Please understand and that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. All patients must complete our information and insurance form before seeing the Doctor.

**FULL PAYMENT IS DUE AT TIME OF SERVICE.** We accept Cash, Checks, and Credit Cards

### Regarding Insurance:

If you have an insurance that we participate in and the services which you are here for are expected to be covered expenses. We will gladly file your insurance claim for you. You will be billed for any amount your company leaves to your responsibility. We cannot bill your insurance unless you bring in your current insurance card. Please be aware that some of the services provided may be non-covered services are not considered reasonable and necessary some insurances.

**IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY, YOU WILL BE ASKED TO FILE YOUR OWN CLAIM AND PAYMENT IS DUE AT THE TIME OF SERVICE.**

### Usual and Customary Rates:

Our Practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult patients are responsible for full payment at time of service.

Minor Patient: The parents (or Guardians) of a Minor are responsible for full payment. No Minor child will be seen for any reason in the absence of a parent or legal guardian.

Thank you for Understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read and understand the Financial Policy and I understand and agree to this Financial Policy.

If you fail to show for 3 appointments and do not call to notify us, you will be discharged from the practice.

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**SIGNATURE OF PATIENT OR RESPONSIBLE PARTY**

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**DATE**