FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

All patients must complete our "Patient History Form" before seeing our doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, ELECTRONIC BILL PAY, AND CREDIT CARDS.

Regarding Insurance

We will verify coverage prior to treatment. If for any reason we are not able to verify coverage prior to treatment, you will be charged the full fee for a visit for each treatment until verification is obtained. Our fees are determined by the complexity of the particular case and the different services used during treatment. Any balance due on your treatments is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you provide all the insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In signing this document, you are assigning to this office the benefits to which you are eligible to receive for care rendered in this office. If the insurance company sends you payment directly, in error, you agree to bring signed checks to this office. Additionally, in signing this document, you authorize the release of any information to any insurance company, adjustor, or attorney that will assist in the payment of a claim. You are also responsible for notifying us immediately of any changes in your insurance information.

UCR (Usual and Customary Rate)

Our practice is committed to providing the best treatment possible for our patients. We charge what is usual and customary for our area. Please be aware that some, and at times, perhaps all of the services provided may be non-covered services and not considered reasonable and necessary by conventional medical health plans. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal visit. Your treatment will be more effective if you follow your doctor's guidelines and commit to your treatment schedule. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. A photocopy of this form shall be considered as effective as the original.

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

X _____ Date _____

Signature of Patient or Responsible Party