



Financial Policy

Please take a moment to review our financial policy.

We must have a copy of the patient's insurance card and photo ID in order to identify the patient and their coverage to process their claims correctly. This will need to be updated on a yearly basis and at any time your insurance coverage changes. We are required to keep your signature on file authorizing us to file a claim to insurance for you and to release information to that payer if they require it for the proper consideration of a claim.

Verification of Insurance Coverage and Benefits

Our office will contact your primary insurance carrier to verify your coverage, benefits and any deductible remaining for the year prior to each visit. Co-payments, remaining deductibles, and co-insurance will be calculated and due at the time of visit. _____ (Initial)

Private Pay Patients

For patients without insurance coverage, payment is due at time of service. A 15% discount will be given when paid in full at time of service. _____ (Initial)

Pending Insurance Coverage

Our office understands it can take weeks for a child to be added to insurance. Please notify our office in a timely manner once the insurance is in effect for your child. If our office is not able to verify insurance in 90 days from the initial date of service, we require the guarantor to pay the balance. _____ (Initial)

Methods of Payment

Our office accepts personal checks, cash, Master card, Visa, Discover, American Express and debit cards. There is a \$35.00 charge for any returned checks. _____ (Initial)

Collection Charges

In the event your account is assigned to a collection agency, all costs of collections including reasonable attorney's fees will be the guarantor's responsibility. *Any charges or costs paid by a billing and/or collection agency to recover properly billed charges will be added to the total and these additional charges will often make the total amount due higher than the original charge: this situation can best be avoided through cooperation and timely payment of charges due.* _____ (Initial)

By signing below I am confirming I have read and understand these policies

Signature: _____ Date _____