

## **FINANCIAL POLICY**

**WE WISH TO PROVIDE YOU WITH THE BEST POSSIBLE CARE, AND WE ARE PLEASED TO DISCUSS OUR PROFESSIONAL FEES WITH YOU. PLEASE ASK THE STAFF IF YOU HAVE ANY QUESTIONS ABOUT OUR FEES, FINANCIAL POLICY, OR YOUR FISCAL RESPONSIBILITY.**

### **UNINSURED PATIENTS**

Payment is due at the time of service for all services. We accept cash, checks, and most credit cards.

### **INSURANCE**

It is your responsibility to know your insurance plan and to verify coverage for other doctors, recommended tests, and laboratories.

We will bill your insurance company. However, any co-payment, co-insurance, and/or deductible are due at the time of service. If insurance does not pay within 45 days, you will be responsible for the bill. Any co-insurance is due at the time of the bill's receipt. 12% finance fees will accrue if balance is over 60 days old.

### **PREVENTATIVE VERSUS DIAGNOSTIC CARE**

If a problem is discovered and treated during a preventative visit, this will either change a preventative care visit to a diagnostic one or it may result in a charge for an additional visit and/or procedure. Be aware of your benefits for each.

### **LAB TESTS AND OTHER CHARGES**

If your visit includes lab tests, biopsies, pap smears, cultures, etc. you will receive a separate bill from the lab.

### **ADDITIONAL FORMS**

There will be a fee to complete work, disability, and other patient requested forms.

### **MISSED APPOINTMENTS**

There may be a \$25 fee for failed appointments or appointments not cancelled at least 24 hours in advance.

### **MINORS**

The parents of a minor are responsible for payment in full.

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