

[INSERT PRACTICE NAME]

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have health insurance, we want to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Our physicians participate in a number of HMO and PPO networks. **It is your responsibility to verify that the doctor you are seeing is in "network"**. Please verify this by calling the "800" telephone number on your group insurance card or check with your employer as to how to obtain this information.

If you belong to an insurance company that requires a referral from your primary care physician, please bring the referral with you at the time of your appointment. We must have a referral authorization before seeing you.

Copays are collected on each visit. If you are not insured by one of the participating HMO or PPO insurance companies, payment will be collected according to your plan's out-of-network benefits. If you carry no medical coverage, payment in full is required at the time of your visit unless prior arrangements have been made. We accept cash, checks, MasterCard, Visa, Discover and American Express.

We accept Medicare and Medicaid. We accept Medicare assignment and will bill Medicare for you. If you have any supplemental insurance, please bring this information with you to your appointment. You may be responsible for a portion of your charges, as well as your \$100 Medicare deductible.

If you are being treated for a work-related injury (Worker's Compensation), we must have approval from your adjuster prior to your appointment. We will need the following information: insurance carrier, address, telephone number, adjuster's name and the claim or case number.

If treatment is sought due to a motor vehicle accident or other personal injury, you will be responsible for your bill, i.e., office visits, x-rays, any tests or procedures and/or subsequent surgery. **We do not accept any third party insurance or letters of protection from attorneys.**

There will be a \$25 charge for all returned checks. We do not accept post-dated checks.

If your injury occurred on a school campus, you must bring a claim form completed by the appropriate school official. This claim form should include details of the accident and the name and address of the school's insurance company.

We must emphasize that as healthcare providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

I HAVE READ AND COMPLETELY UNDERSTAND THE FINANCIAL POLICY OF [INSERT PRACTICE NAME].

Signature of Patient and/or Responsible Party

Date