



Financial Policy

Patient Name: _____

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Our practice firmly believes that a good provider-patient relationship is based on understanding and good communication. The following is a statement of our Financial Policy. We require that you read and sign it prior to treatment.

Our practice accepts most major insurance companies. All patients must complete our patient registration form and give us necessary information before seeing a provider. **You are responsible for any portion of your bill that your insurance carrier denies or does not cover.** If your deductible is not met, we will require payment in full at time of service. If your deductible has been met, any co-payment will be collected at time of service. We accept personal checks, Mastercard, Visa and Debit cards.

If your worker's compensation carrier determines that your injury is not work related, they may controvert (deny) your benefits. In turn you will become responsible for your account. PLEASE NOTE: we do not accept Federal or Out of State Worker's compensation.

If your insurance has not paid your account in full within 45 days, the balance will become your responsibility. If we do not receive your payment in full within 90 days from the date of the first statement, your account may be turned over to a third-party collection agency. *Your Insurance coverage is a contract between you and your insurance carrier;* however, we are available to assist you in maximizing your insurance benefits.

Please be aware that few insurance companies attempt to cover all medical costs. Some pay fixed allowances for each procedure while others pay only a percentage of the cost. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If your carrier requires a pre-authorization prior to certain procedures, our office will assist in obtaining it prior to your treatment. Preauthorization is not a guarantee of payment.

Charges may also be made for no-show appointments and appointments cancelled without 24 hours' advance notice. No-shows and repeated cancellations may limit your ability to make future appointments.

If you have any questions concerning our Financial Policy; or if this creates an undue hardship, please contact our practice immediately to discuss special arrangements. You may reach our Office Manager through our main number (907-339-4800)

By signing below, I verify that I have read and understand this Financial Policy:

Signature of patient or responsible party

Date

