

INSURANCE COVERAGE POLICY

The following financial policy applies to all patients who are using insurance coverage. Please carefully read and sign this agreement. Let our finance staff know if you have any questions.

1. We will be happy to generate a bill your insurance company for your care providing you give us all the information we need. Even though you have insurance coverage, please remember it is your personal bill.
2. You will need to pay your portion of the charge. This includes the annual deductible, co-payment and charges your insurance company does not pay. Our office policy does not allow us to extend credit.
3. We will need to verify your insurance benefits by contacting the insurance company.

Please Note: You will be responsible for paying for your own care at each visit, including your first consultation visit fee of \$250.00. We will generate a bill for your services and your insurance company will reimburse you.

Payment of unpaid charges is expected within 60 days. We will automatically transfer and bill you for any payments not received from your insurance company after 60 days. You need to pay us in full at that time. Any amounts you personally owe that are 30 days late will receive a service charge of 1½% per month.

4. Occasionally, an insurance company will send a payment to a patient. If you have not paid our office, bring us the check and the attached stub. The information on the stub is very important.
5. Your insurance company may request additional information from you. Please send the information to them right away. They will not pay your claim until they receive the information.
6. If you suspend or terminate your care against the advice of your doctor, all outstanding charges that have not been paid by you or your insurance company will become immediately due and payable by you personally before you leave.
7. We are only contracted with Medicare Insurance Company.

By signing below, you agree to follow this policy.

SIGNED:

Patient Signature

Date

Print Name

Staff Member

Date