

OFFICE POLICIES & FINANCIAL CONSENT

**** Please read this carefully and completely****

HMO Patients: prior authorization is required prior to each service, and must be presented at the time of service. Obtaining a valid referral is the responsibility of the patient or guardian.

Co-payments are due at the time of the visit. If a co-payment is not provided the office reserves the right to reschedule my appointment.

All services will be paid in full regardless of type of insurance until deductibles are met. If not covered by insurance, payment is required on the date services are rendered.

You are responsible for all balances due once your insurance company has responded to the bill.

All payments not received by the statement due day will be considered delinquent and appropriate collection action will be taken.[Arrangements to accommodate financial needs can be discussed.]

Our office accepts cash, checks and VISA/MasterCard.

There will be a \$10.00 late fee assessed monthly to accounts that are past due.

If you are unable to keep your appointment, please give us 24 hour notice. Not showing up affects not only you and the physician, but also someone else who could have had the appointment time. We reserve the right to charge for missed appointments. Please note this is not covered by insurance and is your responsibility

Three (3) No-Show appointments may result in patient termination from the practice.

I have read and understand this policy.

For PPO's, HMO's and Medicare I give my permission for my insurance company to be billed and for payment to be made directly to my physician.

Patient name

Signature of patient or guardian

Date