



Statement of Office Policy

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. In our combined commitment to provide the highest quality health care available and to offer affordable services with maximum payment flexibility, we have adopted the following office policy.

PLEASE CHECK APPROPRIATE OPTION:

_____ 1. **As Services are Rendered**

For those patients, that are self pay with no insurance, desiring to pay cash at the time of visit, we offer a 5% discount

_____ 2. **Extended Payment Plan (for treatment over \$1000)**

A convenient healthcare line of credit is available for your entire healthcare needs. Please see Office Manager for financing application.

_____ 3. **Credit and Debit Cards**

We accept Visa, MasterCard, American Express and Discover as payment for services as they are rendered.

Regarding Insurance

We accept assignment of insurance benefits. However, we do require the insurance plan deductible and co-payments to be paid at the time of service.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. The balance of our professional fees is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Insurance plans where we are a participating provider, all co-pays and deductibles are due on date of treatment.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients. You are responsible for payment of any balance billed from this office, regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless cancelled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of treatment scheduled for that appointment. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read this Financial Policy. I understand and agree to this Financial Policy.

X_____ Date: _____