

FINANCIAL POLICY

Welcome to our practice. In order to assist you in understanding your financial obligations for services performed by our clinic, we provide the following.

1. Most services will require a payment at the time services be rendered.
2. Most of our patients prefer to pay in full the day of service and receive 5% savings. We can extend this savings when you pay by cash or check.
3. For your convenience, we also accept *MASTERCARD* and *VISA*.
4. We will file your insurance claims for you, but we ask that you please keep us informed as to the status of your insurance, by presenting your insurance card at each visit. All professional charges are rendered and charged to the patient and **not** the insurance company. You are directly responsible to the doctor for your account and payment of your bill regardless of the status of your insurance claim. We will certainly assist you in obtaining maximum insurance benefits.
5. An itemized statement of your charges will be mailed to you, and additional statements will be mailed to you each month that a balance remains. We ask you to pay your account in full each month. All accounts over 60 days old are delinquent and will receive a service fee of **1.5%** on the unpaid balance each month.
6. In the event we seek outside collection assistance in regards to your account, you will be responsible for all collection fees.
7. Financing is available through *The CareCredit Card*. There are no application or annual fees. The approval process is quick and easy.
8. In the event of divorce proceedings, you must keep your account current. The person who brings the patient into our office is directly responsible for the account.
9. Special consideration will be given for prolonged illness, unemployment, or if other unusual circumstances exist. To avoid misunderstandings, we invite you to discuss these circumstances so we can determine payment arrangements. If payment is not made as contracted, **the entire balance becomes due and payable immediately.**

I, the undersigned, certify that I have read and fully understand and agree to the above terms.

Signature _____ Date _____