

PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

All patients are responsible for the cost of services received at our office.

As a courtesy service, and to assist you in the satisfaction of your financial responsibility, prior to billing your insurance company, we will verify what benefits, if any, are available through your insurance plan.

Patients are expected to pay all applicable deductibles, co-payments, and any other non-covered patient portions at the time of service.

You are responsible for providing information regarding your insurance company, which includes Coordination of Benefits (COB) information. COB is a process by which insurance companies determine the sequence by which the insurance plans pay benefits - which plan is primary and which plan is secondary.

Specific forms or additional documentation (insurance cards, authorizations, referrals, claim forms, etc.) are required at the time of registration. Please bring all insurance cards with you to your initial visit. Failure to present the proper insurance information may result in you having full responsibility for payment of all services rendered.

As a new patient or if there are changes in your insurance coverage, you will go through our Insurance Verification process. Please note that benefit verification by any insurance company, whether by phone or otherwise does not guarantee payment from an insurance company.

You are ultimately held financially responsible to the Provider of Service should your insurance fail to pay any insurance claim.

We strongly suggest that you know exactly what your insurance benefits are.

MISSED APPOINTMENT POLICY

When you make an appointment, professional time is especially reserved to provide for your care. If you fail to appear for your scheduled appointment or fail to give 24 hour notice, your account will be charged \$40.00 for that missed appointment.

Acknowledged:

_____ Date: _____
Patient Signature

Printed Name