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FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT

Dear Patient:

Thank you for choosing us as your health care provider. The following is our Financial Policy. If you have any questions or concerns about our payment policy, please do not hesitate to ask our staff.

Payment for services are due at the time services are rendered. Please Do Not assume that we bill your insurance company. As a courtesy, we will submit an insurance claim on your behalf if you have provided your information to the staff. If you should ever need to update a change with your insurance coverage it is your responsibility to notify the staff with the appropriate information.

PLEASE understand the following:
1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship if with you, not your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and copayments are due at the time of treatment. You are responsible for knowing these amounts. You are responsible for any collection fees, court costs, etc. if your balance should remain unpaid.
3. You are responsible for knowing your insurance benefits. Does your insurance require a Primary Care Physician (PCP) referral? Does our medical provider participate in your plan? You are ultimately responsible for your referrals or prior authorizations.
4. If the insurance company does not pay in full within 30 days, we ask that you contact the insurance carrier. If your insurance does not pay in full within 45 days, we require you to pay the balance due with cash, check or credit card.
5. Returned checks are subject to a $25.00 return check fee.
6. No call/No show fee is $25.00. Please notify us at least 24 hours in advance if you cannot make your scheduled appointment.

We do understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

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Print Patient Name	Signature of Patient	Date