

Financial Policy

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

1. Most services will require a payment at the time services are rendered.
2. A savings of 5% will be extended when paying in full the day of service, by cash or check.
3. For your convenience, we accept Visa, Mastercard, Discover and American Express.
4. Financing options are available with Care Credit or Proceed Finance. The application and approval process is quick and easy online, by phone or at our office.
5. We will file your insurance claims for you. We ask that you keep us informed as to the status of your insurance, by presenting your insurance card at each visit. All professional fees 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 assist you in obtaining maximum insurance benefits.
6. 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. An account over 60 days old is delinquent and will receive a service fee of 1.5% on the unpaid balance each month.
7. Special consideration will be given for prolonged illness, unemployment or other circumstances. To avoid misunderstandings, we invite you to discuss these circumstances with us so we can determine payment arrangements. If payment is not made as contracted, the entire balance becomes due and payable immediately.
8. In the event we seek outside collection assistance in regard to your account, you will be responsible for all collection fees.

Broken Appointment

We value your time and schedule. We make it a priority for you to be seen in a timely manner and have enough time allotted for your needs. A fee of \$75 may be charged for failure to keep an appointment, late arrival or late notice of cancellation. Please call to change or cancel an appointment more than 24 hours in advance. Thank you.

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

Signature _____

Date _____