

**OUR FINANCIAL POLICY**

Your clear understanding of our Financial Policies are important to our relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

**IT IS THE PATIENT'S RESPONSIBILITY TO INFORM US OF ANY CHANGES IN INSURANCE COVERAGE. ANY CHARGES INCURRED NOT COVERED BY THE INSURANCE PLAN (S) WE HAVE ON RECORD WILL BE YOUR RESPONSIBILITY.**

**COPAYS:** If your insurance plan requires a copay, both the patient and physician are legally required to abide by this requirement. Please do not ask us to waive copays as we cannot legally do so. *There is a \$10 service charge for copayments not made at the time of visit.*

**MEDICARE PATIENTS**

You are responsible for a yearly deductible and the 20% portion not paid by Medicare. If you have supplemental coverage we will submit the claims for you. If you are enrolled in a Medicare HMO plan (Oxford, Aetna/US Healthcare etc.) it is your responsibility to inform our staff. If the appropriate referrals are not obtained, you will be responsible for full payment of fees.

**NO FAULT/WORKERS COMPENSATION**

If the reason for your visit is due to a work related injury or because of an auto accident, you must inform the front desk so that you can discuss your situation with our billing staff.

**YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT INCLUDING COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES. IF YOUR INSURANCE COMPANY INADVERTENTLY PAYS YOU DIRECTLY, YOU MUST SEND PAYMENT TO OUR OFFICE IMMEDIATELY. FAILURE TO DO SO WILL RESULT IN LEGAL ACTION**

Responsible Party Signature \_\_\_\_\_ Date: \_\_\_\_\_

ALL PATIENTS MUST SIGN

**MANAGED CARE PLANS**

**REFERRALS AND AUTHORIZATIONS**

If your plan requires authorization from a primary care physician, it is your responsibility to obtain the written referral or authorization number prior to your visit with the doctor. **YOU WILL BE RESCHEDULED IF YOU DO NOT HAVE PROPER AUTHORIZATION.**

I HAVE A MANAGED CARE PLAN THAT REQUIRES A REFERRAL AND I UNDERSTAND THAT I AM RESPONSIBLE TO HAVE A VALID REFERRAL WITH ME WHEN I ARRIVE FOR MY APPOINTMENT(S). NO EXCEPTIONS WILL BE MADE.

\_\_\_\_\_  
MANAGED CARE PATIENTS MUST SIGN (in addition to above general policies.)