

OFFICE FINANCIAL POLICY

Letting you know in advance of our financial policy allows for a good communication. Please read this carefully, and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, you will be asked to verify your insurance carrier information at every visit. Your acknowledgement via the check in kiosk is your verification of the correct insurance information, and consent to bill them on your behalf. IF THE INSURANCE COMPANY THAT YOU INDICATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT.
2. You are responsible for any and all co-payments, deductibles, and coinsurances as determined by your plan.
3. We will file to secondary insurance plans if provided the information before services are rendered. If you need to file secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you in this case. YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.
4. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists we may refer you to, if preauthorization is required prior to a procedure, and what services are covered.
6. If you have no insurance, payment for an office visit is to be paid in full at the time of the visit.
7. Co-payments are due after processing of your claim by your insurance carrier(s). The method of payment provided at the time of service will be used. A \$35 return item fee will be charged in addition to your balance if the payment is returned.
8. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.