OFFICE FINANCIAL POLICY
(PLEASE READ CAREFULLY BEFORE SIGNING)

- Our Office is dedicated to your care and comfort by providing the best possible customer service.
- All of our patients must complete our information forms before seeing the doctor. A picture ID is also required.

- **REGARDING PAYMENTS:** Payment is due at the time of service (for patients with AND without insurance).
  - We accept cash, checks (accompanied by a driver's license or a major credit card), or credit cards (Visa, Master Card, American Express, or Discover).
  - The patient must pay his/her estimated co-payment for the day before seeing the doctor. The front desk will inform you how much the estimated charges for the day will be.
    - If for any reason the doctor determines that there needs to be a change in the treatment plan for the day, he will notify the patient and the front desk so that the charges may be changed accordingly.

- **REGARDING INSURANCE:** If we participate with your insurance plan, we will gladly submit the insurance claim for you. However, we ask that you pay your estimated co-payment and any deductible amounts that may apply for your visit on the same day. Otherwise, you will be charged for all services and you will be responsible for submitting the claim and any other necessary paperwork.
  - We require that the front desk verifies your insurance before treatment is rendered so that we can determine your benefit breakdown.

- **MISSED APPOINTMENTS:** Unless cancelled or rescheduled at least 24 hours in advance, we charge a fee of $40.00 dollars for missed appointments. (The fee applies for EVERY half hour missed). Please make sure to make note of this when making appointments, the reminder call we give our patients before their appointments is simply a courtesy and not an obligation of the office.

- **COLLECTION ACCOUNTS:** Used as the very last resort for accounts that are overdue. If it becomes necessary for your account to be sent to a collections agency, the patient or legal guardian will be responsible for all accrued interest, lawyer and collection fees applicable to the account.
- Thank you for reading our financial and office policy. Please let us know if you have any questions.

I have read the above and I understand and agree to the office's financial policy

Patient's Name or Responsible Party	Signature	Date