

Co-Payment Policy

All co-payments are collected at the time of service, in addition, due to the growing trend toward high deductible plans, please be aware we will collect an estimated payment for our services at the time of checkout. Should your insurance pay these procedures in full, we will refund your payment upon receipt of the insurance payment.

Payment

- Co-payments and account balances **are due at the time of service**. Our office accepts cash, personal checks, debit cards, Visa, Mastercard, Discover, and American Express.
- If the patient's insurance cannot be verified at the time of the appointment, the patient may reschedule or self-pay.
- If co-insurance or deductibles have not been met, the patient may receive a bill for the office visit.

Insurance

- We will bill the patient's insurance directly for services rendered. It is the patient's responsibility to keep us informed with up-to-date insurance and coverage information.
- The **patient's responsibility** is to verify that our practice is an **IN NETWORK** provider. If our practice is OUT of NETWORK, the patient is responsible for **all charges not covered by insurance**.
- It is the patient's responsibility to understand their insurance benefits. We can never guarantee coverage for any service that is provided. **The patient is responsible for charges denied by their insurance.**
- If the patient's insurance provider requires that a specific lab be utilized, the patient must inform the doctor. Otherwise, the patient will be responsible for any charges or fees billed by the laboratory.

Collections

• Balances are due within 30 days of the statement date. Our billing company will gladly offer a payment plan if needed. Outstanding balances may be sent to collections. Any questions or concerns regarding your bill may be answered by our billing company. They may be reached at (866) 798-5148

By signing this form, I am stating that I have read the information above and understand my financial responsibilities for my account.

Patient / Guardian Signature _____ Date _____