

OFFICE FINANCIAL POLICY

Letting you know in advance of our financial policy allows for 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 advised that as of now we do not accept insurance. We are a cash pay clinic. Your acknowledgement via the check in kiosk is your verification.
- 2.** You are responsible for any and all payments at the time services are provided. Payment for an office visit is to be paid in full at the time of the visit.
- 3.** We will gladly collect your insurance carrier information to be provided for any referrals, testing, or services we may send you to.
- 4.** If you need to file on insurance, we will provide you with a receipt to submit for reimbursement. Your insurance will send the reimbursement check directly to you in this case. **YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.**
- 5.** 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. 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.

6. A \$35 return item fee will be charged in addition to your balance if the payment is returned.