

We are dedicated to providing the best possible care and service to you. An essential element of your care and treatment is understanding your financial responsibilities. If you have any questions about the policies, please discuss them with our billing and/ or front office staff.

Health Insurance

We are contracted with most insurance plans to accept assignment of benefits. Our office will file your visit with the insurance company and will only collect your co-pay, deductible, and/or coinsurance when it applies. **Please note: Our contract with your insurance carrier requires us to collect your co-pay at each visit.**

If you have insurance coverage with a plan that we do not have a prior agreement with, the charge for your care and treatment are due at the time of service. In the event your health plan determines a service to be “non-covered”, you will be responsible for the complete charge. Payment is due upon receipt of statement from this office.

Referrals

It is your responsibility to obtain a valid referral from your primary care physician when required by your insurance company.

Disability, Insurance Forms, Medical Records, and Copies of X-rays

There is a \$25.00 per form charge to fill out disability and insurance forms. Please mail or leave them at the front desk along with your payment. Forms will not be completed until payment is received. Please allow at least 5-7 working days for processing. We will call you once we have completed your request. There is a \$5.00 fee for copying x-rays and \$25.00 fee for medical records.

Medication Refills

Refills for medication prescribed by your doctor should be obtained by calling your pharmacy to request the refill. Please do not call the office, as this will only result in additional phone calls for you. Refills are not approved after normal business hours, weekends, or holidays, so please call in your refill request in time for the pharmacy to contact our office.

I have read and understand the office policies, and I agree to be bound by it's terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature

Date