

Patient Financial Responsibility

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Always bring your current health insurance card to each visit. We can only file insurance for the card you present to us at the time of service.
2. Please notify us at time of check –in of any changes in insurance, address, contact numbers, primary physician information, or any other pertinent to the visit that day.
3. Co-pays, deductibles, and/or co-insurances are due at the time of service. We accept cash, checks and credit cards (Visa/MC/Discover).
4. All cosmetic procedures are due at time of service.
5. Your insurance policy is a contract between you and your insurance company. We will file claims for you within the insurance timely filing guidelines; however, the ultimate responsibility for payment is yours.
6. All insurance plans are different and do not cover all services. In the event your insurance plan determines a service to be “not covered” you will be responsible for that charge. Payment is due upon receipt of a statement.
7. Most insurance plans consider “in-office” surgeries and procedures under the CMS surgery guidelines: therefore higher copays and deductibles may be required. Please read your plan documents or contact your insurance company regarding what your responsibility might be.
8. As a courtesy to all scheduled patients we ask you give adequate notice (at least 48 hours) if you are unable to keep a scheduled appointment. In the event of a missed appointment without adequate notice, you are subject to a fee for the missed appointment.
9. Any collection fees incurred due to unpaid balances are responsibility of the patient and will be reported to the credit bureau.
10. Any HSA (Health Savings Account) or deductible based plan the office will collect 70% of the charges the day of services.
11. Consent to Wireless Telephone Calls: If at any time I provide a wireless telephone number which I may be contacted, I consent to receive calls or text messages, including but not limited to communications regarding billing and payment for items/services, unless I notify the office otherwise in writing. In this section, calls and text messages include but not limited to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communications from the office, affiliates, contractors, servicers, clinical providers, attorneys or its agents including collection agencies.
12. Consent to email usage: If at any time I provide my email address at which I may be contacted, unless I notify the office otherwise in writing, I consent to receiving communications regarding billing and payment for items/services at that email address from the office, affiliates, contractors, servicers, clinical providers, attorneys or its agents including collection agencies.

Printed Name

Signature of Patient (or legal guardian)

Date

Staff initials

Date