



FINANCIAL POLICY

Proof of insurance: WE ASK THAT YOU PRESENT YOUR INSURANCE CARD TO US FOR EVERY VISIT. If you fail to provide us with the correct insurance information at each visit, you will be responsible for the payment for all services provided.

- If your insurance company requires you to pick a Primary Care Physician (PCP), one of our physicians must be the PCP listed on your insurance card.
- If you are not insured by a plan that we are contracted with, payment in full is expected at the time of service; if you are unable to pay in full we do offer payment plans, with any payment plan a valid credit card will be kept on file until the balance is completely paid in full.
- If you are insured by a plan that we are contracted with but do not provide us with all the updated insurance information, payment is to be paid in full until we can verify your insurance for coverage.
- If for any reason your insurance does not want to cover the charges for a visit or procedure, the charges that were billed to the insurance company will then be forwarded to you. We cannot modify these charges to a self-pay rate, as your contract is with your insurance company and these are the prices that they have contracted.
- **Your health insurance contract is between you and your insurance company. Knowing your insurance benefits is your responsibility. Any questions or complaints regarding you insurance coverage should be directed to your insurance carrier.**
- You are expected to pay your deductible and copay at the time of service.

Co-payments: your insurance company requires us to collect all co-payments at the time of service. Waiver of payment are considered fraud under the state and federal law. Therefore we will not waive any copayment.

Non- Covered Services: please be aware that some or all of the services that you receive may not be covered by your insurance or may be deemed not medically necessary by your insurer in which case you will be responsible to pay.

Payment plans: Are available please ask the front desk for details.

If you have any further questions regarding any of this information, please do not hesitate to ask. If you have any questions regarding your bill or insurance related questions, please do not hesitate to contact us at the number below.

Signature of patient or representative by law	Date
Relationship to Patient	Interpreter, if utilized
Witness Signature	