



Financial Policy

YOUR RESPONSIBILITY

You are financially responsible for all services we provide for you.

INSURANCE PATIENTS

You will be required to pay all applicable fees at the time of service. Our office will provide a detailed receipt with all the necessary coding in order for **you to file for reimbursement with your insurance company.**

METHODS OF PAYMENT

We accept cash, check, Visa, MasterCard, Discover, Amex, and FSA (Flex Spending Account) & HSA (Health Savings Account). Payment plans are available.

MISSED APPOINTMENTS AND NO SHOWS

We see patients on an appointment basis only. We make every effort to honor all time commitments and request that you extend the same courtesy to us by letting us know 24 hours in advance if you are unable to keep your appointment and need to reschedule.

INFORMATION CHANGE

Please advise us of any address, phone number, or email changes.

I have read and understand the financial policy, and I agree to be bound by its terms, I also understand and agree that such terms may be amended from time-to-time by the practice, I hereby voluntarily consent to healthcare encompassing recommendations and treatment by my physicians, her/his associates, assistants or other healthcare providers, as may be necessary in my physician's judgment. I have relied on my physicians for information in this regard and acknowledge that no warranty or guarantee has been made as to result or care. I certify that I fully understand the content and agree with the content of this form.

Signature of Patient

Please Print Patient Name

Date