

FINANCIAL & INSURANCE PLAN POLICY

We take pride in the high-level quality of our services. You've made an excellent decision by choosing to resolve your pain and problem with us here. In order to provide you with the best possible care, please address the following policies:

- Payment for services is due at the time services are rendered, unless other payment arrangements have been approved in advance by our staff.
- We accept cash, checks, MasterCard, and Visa
- Returned checks and balances over 30 days old may be subject to additional collection fees and interest charges of 1.5% per month.
- A \$10 charge will be assessed for broken appointments and appointments cancelled without 24 hour advance notice.

We are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

- If your request, we will help you process your insurance claim form for your reimbursement. Any such request must be accompanied by a completed insurance form at each visit.
- You may assign your insurance benefits and we will deal directly with your insurance company on your behalf.
- We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:
 - a. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
 - b. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage such as 50% or 80% of "U.C.R." "U.C.R." is defined as usual, customary, and reasonable. (This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees which bears no relationship to the current standard and cost of care in this area).
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage PLEASE don't hesitate to ask us. We are here to help you.

I have read and agree to the policies mentioned above.

Patient Name: _____

Patient Signature: _____

Date: _____