

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment.

All clients must complete our 'Client Information Form' before seeing the doctor or therapist.

CO-PAYMENT IS DUE AT TIME OF SERVICE. FULL PAYMENT IS DUE AT TIME OF SERVICE FOR CLIENTS WITHOUT INSURANCE COVERAGE, CLIENTS THAT HAVE REACHED THEIR MAXIMUM BENEFITS, OR CLIENTS WHO ARE FULFILLING A DEDUCTIBLE. WE ACCEPT CASH AND CHECKS.

Regarding Insurance

We may accept assignment of insurance benefits. However, we do require your percentage of the bill not paid by the insurance company (co-pay) to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you provide a credit card number with authorization to bill that account for the balance or be preapproved on our extended payment plan. If your insurance company has not paid your account in full within 45 days, the balance of your account will be automatically transferred to your credit card or to our extended payment plan. Please be aware some and perhaps all of the services provided may be 'non-covered' services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Usual and Customary Rates

Our practice is committed to providing the best treatment possible for our clients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Clients

Adult Clients with insurance coverage are responsible for co-payment at time of service.

Adult Clients without insurance coverage are responsible to full payment at time of service.

Minor Clients

The adult accompanying a minor and the parents (or guardians) are responsible for full payment for minors without insurance coverage and those with insurance are responsible for co-payment at time of service.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments. Insurance companies do not cover missed appointments, therefore the full fee is the responsibility of the client.

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy (above). I understand and agree to the Financial Policy:

x _____ Date _____
Signature client or Responsible Party _____

x _____ Date _____
Signature Co-Responsible Party _____