
PATIENT FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

PAYMENT METHODS: We accept Visa, Mastercard, American Express, Discover Card, check or cash. Please inquire about patient financing options.

INSURANCE CLAIMS: As the patient, you are responsible for the cost of services provided regardless of insurance coverage. As a courtesy, we will file medical claims to your insurance company. Therefore, it is necessary to present ALL current insurance cards at the time of your appointment. We must be notified immediately of any changes and please ensure all information is accurate and current. As the insured, your coverage is based on the contract between you and your insurance carrier. You must contact your health plan if you have not received notice of payment within 30 to 45 days of your service. Remember, it is ultimately your responsibility to verify coverage for your particular insurance plan. If the insurance company denies the claim, you are responsible for the balance.

PATIENT FINANCIAL RESPONSIBILITY: Your insurance may dictate that we collect co-payments, deductibles, and coinsurance, which is not subject to discounts or adjustments.

CO-PAYMENTS: Payment is due at the time of service at every appointment.

REFERRALS: Many insurance companies will not pay for services rendered by a specialist without a referral. It is the responsibility of the patient/parent/legal guardian to obtain any new referral or updated referrals, required by the health plan. Failure to provide a current referral may result in rescheduling the appointment until one is obtained.

NSF FEE: There is a **\$30.00** service charge for any returned/bounced check.

NO-SHOW FEE: There is a **\$35.00** no-show fee for appointments cancelled with less than 24 hours notice or if a patient fails to keep a scheduled appointment. Patients are responsible for no-show fees and these fees are not billable to your insurance company. If you cancel or reschedule your appointment more than two times, estimated appointment charges will be asked to be paid in advance upon re-scheduling.

MINORS: Minors under the age of 18 **must be accompanied** by a parent or court-appointed legal guardian for treatment. The accompanying parent or adult is responsible for payment.

MEDICAL RECORDS: After receiving your signed authorization, we will send medical records at your request to the physician of your choice free of charge. All other requests for release of confidential information have the following charges: \$1.00 per page – up to 25 pages and \$.25 cents per page – 26 pages or more.

STATEMENTS: We will notify you of patient responsibility balances by mail, e-mail, and/or text messaging.

AFTER HOURS SERVICE FEE: Upon request, we have the ability to accommodate after hour services with provider approval. There is a **\$50.00** service charge for after hours appointments. Patients are responsible for after hours service fees at the time services are rendered and these fees are not billable to your insurance company.