



OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility. All patients must complete our Patient Information Form **before** receiving their first treatment.

INSURANCE

As a courtesy to our patients, we will file your claims to your insurance company if we are a contracted provider. However, your insurance contract is between you and your insurance company. If your insurance company has not paid in full within 45 days of the service date, we will give you 15 days to bring your account current. Balance in full will be requested upon your next visit, unless appropriate payment arrangements have been established. All deductibles, coinsurance and co-pays are due at the time of service.

MISSED APPOINTMENTS/LATE APPOINTMENTS

We require a 24 hour notice for appointment cancellations. Our fees for missed appointments or late cancellations are as follows:

Missed appointment or late cancellation: \$25

Three or more missed appointments or late cancellations are grounds for dismissal from our services.

We do understand on occasions unavoidable delays will prevent you from getting to your appointment time. Due to the nature of our work, we do not have the flexibility to keep patients beyond their scheduled appointment time. You will be billed for any time that cannot be billed to your insurance company.

COLLECTIONS

In rare cases, when we are unable to collect any outstanding balances in our office, we may at our discretion use an outside collection agency/credit reporting service. A \$50.00 service fee will be added to your account if we have to utilize any outside agency.

Responsible Party Signature _____ Date _____