

Financial Policy

~ 2006 ~

We would like to take a moment to welcome you to our office and to assure you that you will receive the very best care available for your condition. We have prepared this material to acquaint you with some of our financial policies and to provide you information regarding our appointments and treatments.

Insurance

1. As a courtesy to you, we will complete and file insurance forms relative to your treatment.
2. Payment for your first visit with us will be expected at the time of the appointment regardless of the insurance. Payment for subsequent services will be expected at the visit that they are rendered unless prior alternate financial arrangements have been made with our office.
3. Deductibles, co-pays, or other amounts deemed "Patient Responsibility" are expected to be paid at time of service unless prior alternate financial arrangements have been made with our office.

Cancellation Policy

A full charge will be made for all broken appointments (i.e., missed appointments, late cancellations, and late reschedules) unless a 24-hour prior notification is given.

Privacy Practices

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. You will receive a notice describing how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Once again, we welcome you to our office, and will be glad to answer any further questions that you might have.

I have read and agree to the above.

Dated _____

Patient's Signature