

OFFICE POLICIES

1. INSURANCE BENEFITS: PAYMENT IS EXPECTED AT THE TIME OF SERVICE. THIS INCLUDES COPAYS, CO-INSURANCE, AND ANY REMAINING DEDUCTIBLE. PLEASE NOTE, ALL BENEFIT INFORMATION IS PROVIDED BY YOUR INSURANCE COMPANY. IF THERE ARE ANY DISCREPANCIES WITH YOUR BENEFITS, PLEASE CONTACT YOUR INSURANCE COMPANY.
2. FINANCIAL RESPONSIBILITY: AT CHECK IN, OUR STAFF WILL ASK YOU FOR PAYMENT, FOR ANY PAST DUE BALANCES AS WELL AS YOUR FINANCIAL RESPONSIBILITY FOR YOUR APPOINTMENT.
3. NO SHOW POLICY: OUR OFFICE ENFORCES A "NO SHOW" POLICY. WE ASK THAT IF YOU MUST CANCEL YOUR APPOINTMENT, THAT YOU KINDLY GIVE US A 24 HOUR NOTICE. IF YOU ARE NEW PATIENT AND NO SHOW, YOU WILL BE REQUIRED TO PAY A \$50 NO SHOW FEE BEFORE SCHEDULING A NEW APPOINTMENT. IF YOU ARE AN ESTABLISHED PATIENT AND NO SHOW, YOU WILL BE REQUIRED TO PAY A \$25 NO SHOW FEE BEFORE SCHEDULING ANOTHER APPOINTMENT.
4. SURGICAL FEES: IF YOU ARE SCHEDULED FOR A PROCEDURE/SURGERY AT OUR OFFICE OR AT THE HOSPITAL, AN ESTIMATE OF YOUR PORTION OF PAYMENT WILL BE GIVEN TO YOU. PAYMENT WILL BE EXPECTED AT YOUR PRE-OP VISIT. FAILURE TO MAKE THE REQUIRED PAYMENT WILL RESULT IN THE PROCEDURE/SURGERY BEING RESCHEDULED.
5. INSURANCE PROCESSING: OUR OFFICE WILL FILE PRIMARY INSURANCE PLANS ONLY. WE DO NOT FILE ANY SUPPLEMENTAL INSURANCE CLAIMS, FOR OFFICE VISITS AND/ OR PROCEDURES. YOU WILL BE FINANCIALLY RESPONSIBLE FOR ANY CO-INSURANCE YOUR PRIMARY INSURANCE DOES NOT COVER.
6. MEDICAL RECORDS: THERE IS A CHARGE FOR COPYING MEDICAL RECORDS. THE FEE IS \$1.00 PER PAGE FOR THE FIRST 25 PAGES, AND AN ADDITIONAL \$0.25 FOR EACH ADDITIONAL PAGE.
7. FORMS AND PAPERWORK: THERE IS A \$5.00 ADMINISTRATION FEE TO COMPLETE ALL REQUESTED FORMS AND/OR PAPERWORK.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE OFFICE POLICIES

PATIENT SIGNATURE

DATE