

FINANCIAL AGREEMENT

Please carefully read our Financial Policy. Our main concern is to provide you with the best possible care. If you have any concerns about our payment policies, please do not hesitate to ask our staff.

Payment for office visits and surgical procedures are due at the time service is rendered unless:

1. The doctor participates with your plan.
2. Special arrangements are made in advance

Fees for these services, along with unpaid deductibles and co-payments are due at the time of service.

We accept cash, checks and credit cards. Returned checks will be subject to a returned check fee of \$25.00.

Charges are the responsibility of the patient or the responsible party. Your insurance policy is a contract between you and your insurance company.

Not all services are covered benefits in all contracts. We can assist you in asking your insurance company if they will cover treatment. If we do not participate with your insurance company, you will be responsible for the difference your insurance company does not pay.

We understand that temporary financial considerations may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

We thank you for choosing our office for your medical care.

We are grateful for the opportunity to serve you and appreciate your trust in us.

I have read and fully understand all the terms, and statements contained herein.

Signature of Patient/Responsible Party

Date