Our practice is committed to providing the best treatment for our patients. Insurance billing is done as a courtesy to our patients. If your insurance provider, coverage, or personal billing information (address, phone number, or credit card information) changes, you are responsible for providing the office with any new information. In the event that your insurance coverage changes and we are not participating providers, you are responsible for all charges not covered by the new plan/ policy.

You are ultimately responsible for your bill. The balance is your responsibility, whether or not your insurance company pays. We cannot bill your insurance company unless you give us your insurance information and a copy of your insurance card. Your policy is a contract between you and your insurance company. We are not a party to the contract. In the event we do accept assignment of benefits, we ask that you provide a credit card with authorization to bill that account for that balance.

Please be aware that some and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/ or other medical insurance.

If your insurance company (*including secondary insurance*) has not paid your account in full within 45 days, the balance will automatically be billed to you. An APR of 10% is assessed if your account is unpaid after 30 days from the automatic billing date.

Late or non-payment of the amount owed that is the patients responsibility, will result in the forwarding of the account to an attorney or collection agency. In the event that that happens, you will be responsible for additional fees, i.e. 30% collection fees, court costs, etc.

Patients Receiving Treatment
You may have a co-payment for drugs. All drug co-pays are determined by your insurance plan. Our office pays the pharmacy prior to your visit. Therefore, you are responsible to pay the co-pay to our office at the time the service is rendered.

Credit Card Authorization
A preprint of your credit card is required before seeing the doctor if you are a privately insured or self-pay patient.

_____ _____
Patients Signature Date

_____
Print Name

Credit Card (Visa or Master Card)_____

Credit Card #_____

Expiration Date_____/_____