

Acknowledgement of Financial Policy

Please remember that your health insurance is a contract between you and your insurance company. It is YOUR responsibility to know your health plan benefits, including co-payment amounts, deductibles, co-insurance, and lab contracts. You are responsible for any charges not covered by your insurance plan. Any amount not covered by the insured/patients insurance is due within 30 days of the time of service. It is the patient's responsibility to inform this office if your insurance requires pre-certification or pre-authorization of services prior to scheduling such services.

Referrals: Your insurance plan may require a referral to be completed before seeing a specialist. It is your responsibility to obtain the proper referral in order to be seen for your appointment. If you don't have a referral at your appointment time, your appointment may be rescheduled. The patient will be responsible for services denied by their insurance company due to a referral not being obtained.

There will be a \$1.00 service charge for all credit/debit card transactions.

Patient Name (Please print)

X _____ Date _____
Signature of Patient (parent if minor)