

FINANCIAL POLICY STATEMENT

The goal of our medical practice is to provide you with comprehensive, convenient and above all, quality medical care. Our office believes the relationship between your healthcare provider and yourself requires mutual respect, consideration and understanding. We pledge to uphold the trust you have placed in us by providing medical care of the highest quality available and request that you honor that relationship by taking care of your financial commitment in a timely manner.

Payment of the office visit or your appropriate co-payment is due the day of service: additional fees are due within 30 days of adjudication of your claim. We accept cash, personal checks, Visa, MasterCard, American Express and Discover.

Insurance Changes

With the many changes that happen in health plans (claims addresses, group numbers, covered services, network changes) it is important to keep our insurance staff notified. Failure to produce proper insurance coverage identification or information may result in you being responsible for services.

Referral Authorization

Please be advised, it is your responsibility to obtain a referral from your primary care physician if required by your insurance carrier.

Forms Completion

A \$20.00 payment will be collected from patient's requesting FMLA, long term disability, workman's compensation, AFLAC (or other short-term disability forms) to be completed.

Appointment cancellation Policy

Patients who schedule an appointment and fail to notify the office of cancellation 24 hours prior to their appointment time may be charged a \$25.00 cancellation fee. Cancellation of a scheduled surgery is a \$100.00 fee.

Billing Statements

Patients who do not comply with the financial policies of our office may be charged a \$20.00 fee for costs associated to our billing practices. Other fees may apply if Collection Agency Action is required.

You may request more information regarding our financial policies at any time.