



FINANCIAL POLICY

1. If you do not have insurance: All payments are expected at the time of service or by an authorized payment plan. Our payment plans make care an affordable part of your family budget.
2. If you have insurance: All deductibles and co-payments are expected at the time of service or by an authorized payment plan. Our payment plans make care an affordable part of your family budget.

You are considered a cash-paying patient until you bring in your completed insurance forms and we verify and accept your insurance coverage.

Our fees are considered the usual, customary and reasonable by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area.

If your carrier has not paid a claim within sixty (60) days of submission, you agree to take an active part of the recovery in your claim. If your insurance carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance and authorize us to collect full payment. **Medical records and x-rays will not be released if you have an outstanding balance.**

Patient's Printed Name: _____

Signature: _____ Date: _____

Finance Counselor: _____

Front Desk: _____