

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and we are ready to discuss our professional fees with you at any time. Your understanding of our FINANCIAL POLICY is important to our professional relationship. Please ask if you have any questions about our fees, our financial policy or what your responsibility is.

- ❖ FULL PAYMENT IS DUE AT THE TIME OF SERVICE
- ❖ WE ACCEPT CASH, VISA, MASTERCARD, DISCOVER AND MOST ATM DEBIT CARDS.
- ❖ MINORS WHO ARE SEEN IN OUR OFFICE  
An adult must accompany all minors and full payment is due at the time of service. If your child is old enough to come to our office on his/her own they also will be required to pay at the time of service.
- ❖ REGARDING BILLING  
It is the policy of this office not to bill or extend credit. You are required to pay at the time of service. We cannot hold checks. If you have an emergency or a problem paying please call our billing department and they will discuss arrangements with you.
- ❖ REGARDING INSURANCE  
If we accept your insurance, you are responsible for any deductibles, coinsurance or copays at the time of service. Insurance policies with required copays must be paid at the time of service or we may charge YOU for the full amount of the visit. If your insurance carrier changes, it is your responsibility to notify us when checking in. If you fail to do so, you may then become responsible for the full amount of the visit. **INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE WILL NOT BECOME INVOLVED IN DISPUTES BETWEEN YOU AND YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.**

The guardian who brings the child in is responsible for payment. Divorce settlement/financial responsibility for the child issues are to be worked out between the parents.

I understand and agree that, regardless of my insurance status, I am responsible for the balance on my account for any professional services rendered not covered by insurance. I have read all the information above and understand it to the best of my knowledge. I will notify you of any and all future changes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_