



FINANCIAL POLICY

WE HAVE PREPARED THIS SUMMARY TO FAMILIARIZE YOU WITH OUR CREDIT POLICY. OUR OFFICE DOES NOT ACCEPT RESPONSIBILITY FOR COLLECTING YOUR INSURANCE CLAIM OR NEGOTIATING A SETTLEMENT ON A DISPUTED CLAIM. WHATEVER THE OUTCOME OF YOUR INSURANCE CLAIM, YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT. PAST DUE ACCOUNTS ARE AN EXTRA COST IN OPERATING OUR OFFICE; THEREFORE WE HAVE IMPLEMENTED THE FOLLOWING CREDIT POLICY:

1. All patients that have no insurance are expected to pay at least \$150.00 on their first visit. For all additional visits, payment arrangements must be made and kept with our business office. If you have private insurance, your account is expected to be paid within 45 days from the date of service.
2. If you are having financial difficulties, please contact our business office so arrangements can be made for a payment plan.
3. The following are exceptions to the above:
 - a. We are providers of most major insurances and file all including, private, commercial and supplemental insurance. Usually insurance pays us directly and a statement will be sent to you after all payments received if coinsurance, deductible or copays are due.
 - b. Medicare: We do accept assignment for Medicare, however, you or your co-insurance are responsible for the 20% that Medicare does not pay. You are also responsible for your annual deductible.
 - c. Auto Accidents: You are responsible for payment of the bill regardless of any dispute between you and your insurance company. If your claim is in litigation, you must make arrangements with our Business Office for payment on your bill.
 - d. Worker's Compensation: We will submit all bills directly to the insurance company. However, if primary liability is denied, you will be responsible for payment.

PLEASE NOTE: THERE ARE A WIDE RANGE OF HEALTH PLANS WITH VARYING DEDUCTIBLES AND VARYING COVERAGE. IT IS YOUR RESPONSIBILITY FOR RESEARCHING THE EXACT COVERAGE FOR YOUR COURSE OF TREATMENT. WE URGE YOU TO CONTACT YOUR INSURANCE COMPANY TO DETERMINE BENEFITS AND EXTENT OF COVERAGE BEFORE GOING AHEAD WITH THE TREATMENT PLAN. IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE, DO NOT HESITATE TO CONTACT OUR BUSINESS OFFICE AT 763-585-9932. THANK YOU.

I HAVE READ THIS POLICY AND UNDERSTAND IT.

PATIENT SIGNATURE

DATE