



PATIENT FINANCIAL RESPONSIBILITY DISCLOSURE

It is your responsibility to provide us with the most current insurance information each time you come to our office. It is also your responsibility to provide any information requested by your insurance carrier so that claims can be processed in a timely manner. Failure to do so will result in your account becoming patient pay for the entire amount and is subject to all collection activity.

Claims are filed to the insurance plans as a courtesy to our patients. Understand that filing your insurance **does not** guarantee payment or payment in full. We make every effort to verify your benefits accurately based on current information obtained from your insurance carrier and information regarding your procedure given by your physician. Amounts due at the time of service are **ESTIMATES** based on that information. Payment by your insurance is determined on the information received from us and processed according to your policy benefits. If you have questions regarding the processing of your claim, contact your insurance carrier directly for explanation.

FINANCIAL POLICY

You are responsible for all deductibles, copayments and/or coinsurances at the time services are rendered. All balances due after the processing and/or payment of claims are due and payable within 30 days. If the balance cannot be paid in full at that time, please call and make payment arrangements. If no payment is received and the account remains delinquent after 90 days, it will be placed in a collection status. Remember that you remain responsible for the balance on all accounts in this office before and after payment is received from you and your insurance carrier.

I HAVE READ AND AGREE TO THE PRECEDING DISCLOSURE

Date: _____ Signature: _____