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Payment policy

Please carefully read and sign this form as it concerns you, the patient.

****** You are Responsible for your Insurance Policy**

Due to the many changes in insurance policies, we cannot be responsible for interpreting each individual policy**. It is your responsibility to know your individual coverage and its limitations, as well as who is a provider for your plan.** We urge you to check with your insurance company regarding your benefits because failure to comply could result in you, the patient or the financially responsible party, being responsible for all costs incurred. **Please remember that your insurance policy is a contract between you and your insurance company. It is your responsibility to know or find out whether or not we are providers for your specific network.**

****** Referrals**

If you need a referral from your insurance company or from your Primary Care Physician to be seen in this office, the referral must be present at the time of your visit. If it is not available, it will be your responsibility to obtain one. Consequently, you may be required to reschedule your appointment should a referral not be available. We welcome you to call your Primary Care Physician and have your referral faxed to us.

******Non-Participating Provider Policy**

If we are not a provider for your insurance company, we will collect our fees in full at the time of service.

****** Your Financial Responsibility**

You are responsible for your payment of any co-payments, deductibles and/or co-insurance at the time of service. Please note, copays, deductibles and or co-insurance will still apply to all future follow-up visits until your out of pocket has been met in full. Because we are specialists, some diagnostic/invasive procedures, may not be considered part of your office visit co-payment and may be applied to your deductible and/or co-insurance. Please call your insurance company and learn about your coverage to avoid confusion and out of pocket expense.

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Signature of patient/Guardian Date