



OFFICE AND FINANCIAL POLICIES

We thank you for allowing us to provide for your healthcare needs.

We will gladly bill your insurance for services provided in our office.

- ▶ A valid insurance card is required for all new patients and are necessary for filing insurance claims. Please provide us with information on all insurance plans for which you are covered, including secondary insurance.
- ▶ If you are not the subscriber on your plan, please provide the subscriber's date of birth and your relationship to him or her.
- ▶ You are responsible for providing any changes of address, telephone numbers and/or insurance information. Please respond promptly to requests from us or your insurance company for additional information required from you to process your claims.
- ▶ Understand your insurance policy: co-pays, deductibles, limitations, and exceptions vary significantly from one insurance plan to another. Your insurance plan's benefits may change from time to time. It may not cover something that was covered at the last visit.
- ▶ Some insurance companies have separate deductibles and/or copayments for "surgical procedures", (treatment of warts, injections, or other surgical procedures).
- ▶ Laboratory tests and pathology consultations are separate and are billed by the laboratory performing the service.
- ▶ We reserve the right to charge a fee of \$50 for "no shows" or appointments that are cancelled less than 24 hours before scheduled.
- ▶ Your account will be charged \$30 for all returned checks.
- ▶ Delinquent accounts will be turned over to a collection agency. Any collection fees or legal fees will be added to the amount you owe.

Signature of Patient or Guardian

Date

Print Name

Relation to Patient Named Above