



## **Financial Policy**

We accept assignment of some insurance plans; however, you must understand and agree that:

1. Your insurance policy is a contract between you, your employer, and the insurance company. Our relationship is with you NOT the insurance company.
2. All charges incurred are charged directly to YOU and you are personally responsible for payment. Deductibles and co-payments are due at the time of treatment. We estimate your co-payments according to your policy, we DO NOT in any way guarantee that your insurance will pay this amount.
3. If the insurance company doesn't pay within a reasonable amount of time it is required that you pay the balance due.
4. Your insurance card must be presented at the initial visit. If there is no insurance card then payment (cash, check or credit card) is expected at the time of service.

We understand that temporary financial problems may occur. We encourage you to communicate **any such problems so that we can assist you in management of your account**

Patient Name \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_