

Office Financial Policy

REGARDING YOUR BILL/INSURANCE

Your bill is **your ultimate responsibility**. Your insurance policy is a contract between you and your insurance company. **WE ARE NOT A PARTY TO THAT CONTRACT**. If for any reason your insurance company does not pay your bill, you are responsible for payment. It is also your responsibility to contact your insurance company with any questions that you might have concerning your policy. We do not verify insurance prior to an office visit. Any balances billed to you by this office are due upon receipt. If you have any questions about our fees please feel free to ask our staff. We will submit claims on your behalf, however, this does not infer that you are not liable for any money due to the doctor.

All payments due to the doctor must be made at the time of service.

I have read the Office Financial Policy. I understand and agree to this policy.

X _____
SIGNATURE OF PATIENT

DATE: ____/____/____