



Financial Policy

We appreciate the opportunity to serve your medical needs. Our goal is to provide you with the very best care available. In order to ensure complete open communication and understanding of the financial aspects of the care you receive we have included this written policy as part of your informational packet.

- We request payment at the time services are rendered, payable by Cash, Check, Visa, MasterCard, American Express or Discovery. If we are participating providers with your carrier we will bill your insurance company directly.
- Patients are responsible for obtaining HMO authorization and referral for the initial consultation from their primary care physician. Please bring the authorization form and referral with you to the first visit.
- After the initial consultation, it is your responsibility to confirm that your PCP/insurer has provided us with authorization/referral prior to any treatment. Services not authorized by your insurance company will be denied and ultimately will remain your financial responsibility.
- Please be aware it could take up to 6 weeks to obtain an authorization treatment from many insurance carriers. **If you decide to start a treatment program before insurance authorization has been received you will be responsible for payment prior to starting the program.** The payment will be applied to your account until services are authorized and payment from the insurance company is received. If the insurance company provides the authorization, a refund will then be issued minus any co-payments or deductibles.
- As their customer, you have more influence with your insurance provider than we do. We count on your support and follow through when there is a problem with payment for services. Therefore, if your claim is denied we will file any appeal necessary whether related to medical conditions or request for additional information. If we receive a second denial based on non-covered services, etc., it will then become your responsibility to follow up with your insurance carrier for payment. If payment from your insurance carrier has not been received within 90 days of the second denial, you are responsible for making prompt payment thereafter. If you make payments to us after denial of coverage from your HMO/PCP/insurer we will cooperate and assist you as reasonably requested; however reimbursement from your HMO/PCP/insurer is your responsibility.

Patient Signature

Date