



FINANCIAL POLICY

The purpose of this policy is to inform all parents and guardians of our financial policies and your responsibility in regards to charges incurred in our practice.

In order for us to accurately file your insurance claims, you must allow us to copy your insurance card at each visit. If you do not have an insurance card, you will be considered a private pay customer and payment in full will be expected at the time of service.

If you are insured by an insurance company with whom we have a contractual agreement, you will be responsible for your co-payment, deductible, and any non-covered services at the time of service.

It may be necessary for you to contact your insurance company with information they may need to process your claim.

If you are insured with an insurance company with whom we do not have a contractual agreement, you will be responsible for payment at the time of service.

Legally, we are not allowed to offer professional courtesy for any service rendered in our office.

We accept cash, checks, Master Card, Visa and Discover. We do charge a \$25.00 fee for check payments that are returned to us unpaid by the bank.

In order for us to better serve all our patients, we ask that you kindly cancel all appointments that you are unable to keep. We do charge a \$25.00 fee for all “no show” appointments. This fee is your responsibility and will not be billed to your insurance company.

In the event that your account becomes past due/delinquent, you are responsible for all collection fees, interest accrual, and up to all court costs.

Patient Name: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____