

# Office Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our office policy which we require you read and sign prior to any treatment.

- Full Payment is due at time of service.
- We accept cash, checks or credit cards.
- We offer an extended payment plan with prior credit approval.

## Regarding Insurance

We may accept assignment of insurance benefits for some patients. However, we require your estimated co-payment to be paid at time of service. The balance is your responsibility whether your insurance pays or not. Your insurance policy is a contract between you and your insurance company. **We are not a party to that contract.** If your insurance company has not paid your account in full within 45 days the balance will be automatically billed to you and due immediately.

## Usual and Customary

Our practice is committed to providing the best treatment for our patients and we charge usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

## Missed Appointments

Unless canceled, at least 2 business days in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Please let us know if you have questions or concerns. I have read the office policy and I understand and agree to be responsible for all charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize this as my "signature on File" for future insurance billing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_