

OFFICE FINANCIAL POLICY

Our office policy requires that your bill (or **estimated** insurance co-payment) be paid **at the time treatment is rendered**. Please be advised that insurance companies do not determine our fees. We will be happy to help you **estimate** your co-payment based on the information provided to us by your insurance company. **We cannot guarantee that your insurance company will pay any or all of your balance. We are unable to wait for your flexible spending account, which pays you.**

In all cases, balances remaining after insurance has paid will be billed to the patient. If you have any questions, please discuss them with our office staff. Charges not paid within 30 days will have a service charge of 1.5%(annual rate) added to the past due balance.

I understand that I am responsible for the entire fee and agree to be responsible for any charges not paid by my insurance company. Collection fees will apply to accounts that are sent to collections. By signing below I agree to pay any and all collection fees and attorneys fees that would be incurred if my account were to be removed for collection.

I also understand that if there is a credit on my account after all charges have been accounted for and all insurance payments have been received, the payment method (example: credit card, check, etc....) that was utilized to pay for the treatment will be refunded.