



PATIENT FINANCIAL POLICY AND AGREEMENT HEALTH INSURANCE

Thank you for choosing us as your health care provider. We are committed to the success of your treatment. The following is our financial policy, which we require you to read and sign prior to any treatment.

The last several years have brought about many changes in the health insurance industry. It is impossible for our staff to know all the variations that exist among insurance policies. We are willing to contact your insurance company for a pre-authorization and we are willing to bill them if it is a plan in which we participate. If we do not participate with your plan, you must contact your insurance company and determine the means of payment under your coverage. It is ultimately your responsibility to ensure payment to our office. If your insurance does not pay for the services rendered, we will bill you for payments owed.

The following information will help confirm that proper coverage exists and we will be able to process insurance claims for you.

We must have a referral/prescription from a physician currently treating you.

We need to be aware of all insurance coverage that might apply. We will need to make a copy of your insurance card(s). We need to determine which policy is primary if there is any secondary coverage.

We can determine quickly if we are a listed provider under your plan. If we are not a listed provider, you can choose to see our physicians and therapists, but you will be responsible for payment at the time of service. We will also give you the necessary information to bill your insurance plan for out of network benefits.

Many insurance plans impose an annual deductible plus co-pay for each office visit. In those cases, the payment or co-pay is due at the time of your visit.

As indicated on the "Welcome Sheet". My Health Insurance is through _____
and is subject to a deductible of \$ _____ and a co-pay of _____.

I also acknowledge that the Assignment and Release in the "Welcome Sheet" is understood and accepted.

SIGNATURE _____ **DATE:** _____