

## Office Financial Policy

So that our office may keep administrative costs as low as possible and continue to provide quality care to our patients, we have developed the following guidelines to follow when making financial arrangements for our patients. Our intention is to eliminate any confusion our patients may have with regards to how they may pay for any necessary treatment.

1. The office has a **48-hour cancellation policy**. Patients who cancel or miss an appointment without 48 hours notice, will be asked to make a deposit of 50% of their co-pay or \$45, whichever is greater, to re-schedule their appointment.
2. All patients will be asked to complete and sign a **Payment Options** form instructing our office which method of payment they prefer.
3. All patients with balances over \$500.00 will be asked to sign a **Financial Arrangements** form indicating the entire cost of their treatment, estimated insurance, finance charges and payment schedule.
4. We accept *MasterCard, Visa, and American Express* for payment of any treatment. Patients may pre-authorize the automatic debit of their credit card to make monthly payments or to pay unpaid balances left after their insurance carrier has settled their submitted claim by signing the **Easy Pay Credit Card Authorization** form authorizing our office to do so.
5. We accept cash or personal checks, however we cannot accept third party checks or checks that are post-dated. There is a \$45.00 fee for any check returned unpaid by the bank.
6. Our office is not able to finance payments any longer than the length of treatment. We are able to accept an initial payment of one-half to one-third of the balance at the start of treatment with the remaining balance to be paid upon completion of the treatment. We ask all emergency patients not of record to pay all charges in full at the time service is rendered.
7. Patients who require monthly installments past the length of their treatment are offered financing through *CareCredit*, a third party company.
8. Deposit of half may be requested if appointment time is greater than two hours.
9. Current patient balances without proper financial arrangements will have specific arrangements made and placed in writing to be approved by the financial coordinator before any additional treatment can be provided. All new services will be rendered under the current financial policy. We are able to accept the assignment of insurance benefits from a patient's primary insurance carrier and require all insurance deductibles and co-payments be paid at the time service is provided. We are not able to accept assignment from a patient's secondary carrier. We will file the secondary claims and any

reimbursement will go to the patient. Should you or a family member carry a balance, that balance must be cleared prior to being seen for any future visits.

10. Any account balance over 90 days will be considered “past-due” and will be charged an interest rate of 33.3%.
11. No discounts are offered, unless specified by the doctor. There can be no exceptions to this policy in order to stay within insurance guidelines.
12. All patients will receive an **Invoice**, indicating any service provided or payment.
13. Adults (regardless if they are the child’s parent) who escort minor children to the office are required to pay for any services provided.
14. Any patient with a balance will be sent a statement each month.
15. Our office is not a provider for Medicaid.
16. Services provided for a patient through Workers Compensation Insurance must be coordinated and approved by the doctor and the patient’s employer prior to the start of any treatment.
17. In the event of a divorce and/or separation, each adult is responsible for any services provided individually or to their children in accordance with the financial arrangements policy of this office.
18. Unless specific financial arrangements have been made to indicate otherwise, it is the official policy of this office that all services are to be paid in full at the time treatment is rendered.

