

## Office Policies

### Insurance:

Our office is committed to helping you maximize your insurance benefits. Because insurance policies vary, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Your estimated portion and deductible must be paid at the time of service. Please understand that any expected payment from your insurance is an estimate only and that you are responsible for any portion not covered by your policy. Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. Our office is not contracted with any insurance company. This means we are considered an out of network provider. Most insurance plans will pay the same whether you go to an in or out of network provider. But some insurance plans will penalize you by not paying as much if you go to an out of network provider. Please contact your insurance company to check plan coverage. If your insurance company sends you the insurance check please send in or bring in the insurance check and attached EOB so we can clear the claim from our system. \_\_\_\_\_ Initials

### Payment Options:

Cash  
Check  
Debit Cards  
All major credit cards  
Care Credit

### Courtesies:

10% senior courtesy  
10% family courtesy (all family members must be active patients)  
15% teacher courtesy  
15% law enforcement / firefighter courtesies  
15% military courtesies  
5% cash / check bookkeeping courtesy

Please tell our front desk to apply these discounts to your account.

### Fees:

A 1.5% finance charge will be applied to your account if your balance is not paid within 90 days of receiving your first statement. The charge will continue to be applied monthly to your account until paid or the account goes to collections. \_\_\_\_\_ Initials

A \$50 hourly charge (depends on how many hours you were scheduled for) may be applied to your account if you NO SHOW for a scheduled appointment or cancel the appointment out of the 24-hour cancellation period. If you need to cancel or reschedule your appointment, please do so at least 24 hours prior to scheduled appointment. We appreciate your understanding. \_\_\_\_\_ Initials

If your account goes to collections there will be a fee applied to your account. 35% of your balance will be the fee applied. \_\_\_\_\_ Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date