

## FINANCIAL AGREEMENT

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

Payment for services are due at the time services is rendered. We accept cash and checks. Returned checks are subject to a \$15.00 collection fee. Balances older than 30 days may be subject to interest charges of 1 ½% per month.

**A charge of \$20.00 may also be made for broken appointments and appointments cancelled without a 24 hour advance notice.** If, for any reason you discontinue treatment prematurely, any balance on your account will be due and payable immediately.

There will be a \$3.00 per page charge for any forms completed related to other coverage's (disability, credit life, etc.).

Your first visit MUST be paid in full at the time of the service. The only exceptions are PRE-VERIFIED and PRE-AUTHORIZED Worker's Compensation claims and 100% Personal Injury claims. If we can verify that your deductible has been met for the year, we may be able to waive the portion due from insurance and collect only the percentage (co-payment) due from you. You MUST pay your percentage/co-payment at each subsequent visit.

We accept assignment on most insurance after we are able to obtain verification. If, through verification we find the insurance company pays to the insured only, we will collect in full for the services rendered. We will file your claims so you can be reimbursed.

YOU MUST REALIZE, HOWEVER, THAT:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. ANY SERVICES NOT PAID BY YOUR INSURANCE COMPANY DUE TO OVER UTILIZATION, LIMITED BENEFITS, UNAUTHORIZED SERVICES, ETC.; WILL BE YOUR RESPONSIBILITY FOR PAYMENT IN FULL.
2. Our fees are generally considered to fall within the acceptable range by most companies, and are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of the usual, reasonable, and customary charges. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. For this reason, supports, pillows, ice packs, etc. MUST be paid for in full when received.

We must emphasize that as health care providers, our relationship is with you, not your insurance company.

While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility on/from the date services are rendered.

We realize that temporary financial problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We do utilize the services of a collection agency for overdue accounts.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE POLICIES AND HEREBY ACKNOWLEDGE SAME.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_