

*****NOTICE TO PATIENTS*****

Our office will gladly file your insurance as a courtesy to you, the patient. Our office will verify that you, the patient, are covered by your carrier. Our practice will require you to assign all insurance payments directly to our office to avoid any misunderstanding. If you request your insurance to pay you directly, we will require full payment when services are rendered. At time of services rendered, you are responsible for your estimated percentage of the bill.

By law, all patient accounts are due and payable within 30 days of services rendered. As a courtesy our office will file your claim to your insurance carrier. Your insurance coverage is an agreement between you and your insurer. It is your responsibility to know what your insurance will cover. Our office will file your claim the day services are rendered. If your claim is not paid within 30 days of services rendered, you are responsible for the full amount of the bill.

All patients refusing to remit payment after 61 days of services rendered will force us to proceed with collection action. You will be responsible for all collection fees and costs.

Signature of Patient or Guardian _____

Date _____

I have explained this policy to the above patient to the best of my ability.

Signature of Witness _____

Date _____