

Financial Policies

- We have contracted with many insurance companies to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the co-pay at the time of your appointment.
- If your health plan requires you to have a Primary Care Physician (PCP), it is your responsibility to assure that Dr. John is on file with your health plan prior to your appointment. Otherwise the incurred charges will not be paid by your health plan and therefore, will be your responsibility.
- All health plans are not the same and do not cover the same services. We will make every effort to verify benefits and inform you if a service may not be covered by Medicare, or other insurance, but it is ultimately your responsibility to know your benefits and to verify coverage. In the event your health plan determines a service to “not covered” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- Our office does not bill third-party payers, such as automobile insurance companies. If you wish to receive compensation from a third party payer, services at our office must be paid in full at the time of service. We will provide you with the documentation needed for you to pursue your claim for reimbursement.
- Patients who do not have insurance are required to pay in full at the time of service. For your convenience, we accept VISA, Mastercard, Discover and American Express. As special circumstances indicate, we will consider requests for planned payment schedules. Please discuss this with office staff prior to scheduling an appointment.
- There will be a \$25.00 service charge on all returned checks. Persons not responding to our request for payment within a reasonable period of time will be referred to the Office of County Attorney.

I have read and have received answers to any questions regarding the financial policies listed above.

Printed Name

Signature

Date

Circle Relationship to patient:

Self

Parent

Guardian

Family Member

Other_____