

## **Insurance and Financial Policy**

As a courtesy, we will gladly file your primary and secondary insurance claims for you, free of charge.

### ***HOWEVER...***

In the event your insurance company does not pay the *ESTIMATED* portion, you are entirely responsible for the balance in full.

**\*\*\* We *DO NOT QUOTE* or *GUARANTEE PAYMENT* on your insurance company's behalf. \*\*\***

- ❖ Procedure classification may vary by program.
- ❖ Co-Payments may vary depending on your Benefit Plan.
- ❖ Some programs require patients to wait for a certain length of time before they are eligible to receive certain types of services.

We accept the following forms of payment:

- ❖ Cash
- ❖ Check or Money Order
- ❖ Debit, MasterCard, Visa, Discover, AmEx. and CareCredit©

*My signature below acknowledges that **I understand and agree** to this Financial Policy, for myself and any dependents.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_