

Financial Responsibility Policy

Insurance Billing

We will bill your insurance company for you to expedite submission of claims for services and to help you utilize the benefits of your health plan policy efficiently. We work diligently to verify your insurance benefits and inform you of our findings pertinent to the treatment you will receive. **However, it is ultimately your responsibility to monitor insurance benefits and know what services are covered and at what amount.** Accordingly, any unpaid amount is your responsibility. Your signature on our agreements page indicates that you understand your responsibility of payment for services rendered, including co-pays at each appointment, any portion unpaid by your insurance within 30 days of the date of invoice you receive and for any other expense incurred incidental to services offered.

Copays

Copays are due at the time of your appointment. In the event that we do not receive clear information or get conflicting information from your insurance policies benefits, we require payment of a minimum copay of \$10. This ensures that you are meeting your insurance company obligation for copays, you do not receive an inflated invoice for all copays once your insurance company has processed your claims. We keep close tabs on all payments and promptly refund any amount due to you once we have received claim payment information. Your signature on our agreements page indicates that you understand you responsibility.

Cancellations and No Shows

Cancellations are accepted if provided during business hours **and** 24 hours before your scheduled appointment. After your second late, cancelled or unattended scheduled appointment, you will be billed at a rate of \$35/occurrence due to the loss of time and resources that would have been used for other patients. Thank you for your attention to this important detail. Your signature on our agreements page indicates that you understand you responsibility.

Payment Terms

In the event of hardship, we will evaluate accounts for payment terms over a period not to exceed 12 months. These evaluations are made on a case by case basis, must be requested by the patient in writing, are not guaranteed, and require a form of proof of hardship with the request. We are happy to discuss this with you should you have need to such an arrangement.