



Major Medical Insurance Office Financial Policy

The purpose of the following information is to inform you of the current Financial Policies of our office. This is to assist you with any questions you may have.

We will extend the courtesy of billing your primary insurance for you, so we ask that you provide us with the necessary information to make this possible. Due to the extensive number and variety of insurance plans, it had been our experience that it takes a minimum of three working days to properly verify insurance coverage. Therefore, until your individual coverage can be determined, all fees for services rendered are due at the time of service.

Our office accepts all *local* checks, cash, and credit cards/bank cards (Visa, MasterCard, Discover, and American Express) for payment of services.

How will you arrange payment during this verification time and your treatment within our office?

Cash *Local* Bank Check Credit Card

Also, in order to provide you with the best care in a cost effective manner, our office does not bill our patients. We expect your portion of your bill to be paid as services are rendered.

Once notified by our office, it is your responsibility to pay any outstanding deductible, all insurance policy co-payment portions or any remaining balance not paid by your insurance company. All reimbursements to our office from your insurance company will be credited to your account.

Every effort will be made to properly verify your insurance coverage. However, an insurance company may not provide our office with accurate coverage information or may arbitrarily reduce a payment.

PLEASE NOTE: As the patient, you are ultimately responsible for your charges. Please remember, your health insurance is a contract between YOU and the INSURANCE COMPANY, not with your insurance company and our office. Any unpaid account balance which is 60 days past due will be considered delinquent and collective action may be taken. This may include the consultation of an attorney or collection agency. Any fees, attorney charges and/or court costs encountered by this office in the collection of delinquent accounts, will be the responsibility of the patient. Furthermore, if your account reaches an unpaid balance of \$100.00 or more, we will be forced to postpone your treatment until your balance is paid off.

I understand that although I have assigned insurance benefits to this office it is likely and probable that my insurance coverage will be less than the amount billed. I acknowledge that it is my responsibility to pay the balance of my bill once insurance benefits have been received.

In the event my insurance company or attorney sends payment of services to me, I agree to promptly remit such payment to First Diagnostic, Inc.

Please sign acknowledging that you have read the above information and that it has been explained to you. We are here to serve YOU, ask any questions you may have and our staff will assist you.

Date

Patient Signature

Print Name

Date

Representative Signature

Print Name