



Worker's Compensation 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.

All patients accepted as a Worker's Compensation case are required to have notified their employer of their injury and have been **PRE-AUTHORIZED** for treatment in our office. Patients accepted on Worker's Compensation will not be billed for their charges during the course of their treatments.

If a dispute or litigation arises with regards to your employer or insurance provider, resulting in nonpayment of your account, it is your responsibility for total payment of the outstanding balance.

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 our account.

Before a worker's compensation patient can be accepted as a patient within our office, all forms MUST be completed and signed by the patient.

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

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.

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