



### **Financial Responsibility Form**

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. We are committed to providing you with the best possible care. If you have medical insurance, we would like to help you receive your maximum allowable benefits.

- Payment is due at the time service is rendered . For those patients with insurance coverage, it will be necessary for you to pay your deductible, co-insurance, or co-payment at the time service is rendered.
- You should be aware that your insurance is a contract between you and the insurance company. We file insurance claims as a courtesy to you. However, you will be responsible for all unpaid balances. Insurance plans differ, depending on the contract your employer has negotiated. It is your responsibility as a patient to become an active participant in your own health care and know your insurance benefits .
- We will not turn you away based off of your insurance status . All patients may have access to our services regardless of insurance status. In the event you do not have insurance, we will accommodate you as a ‘self-pay’ patient. HMO patients require a PCP (Primary Care Provider) listed on their insurance plan before an office visit. Please contact your insurance for this change.
- For any insurances plans that we do not participate with and are considered out-of-network providers, including all forms of Medicaid , services rendered will not be billed . By selecting our practice as your Primary Care Physicians, you assume financial responsibility for any balance due after your primary insurance has processed your claim. Any co-payments, deductibles, and non-covered service charges left by the primary insurance will be the patient’s responsibility.
- By law, your insurance carrier must remit payment or deny your insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier, as we feel it is necessary to work together to resolve any insurance problem. Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered” you will be responsible for the complete charge.
- We accept cash, Apple Pay, Google Pay, MasterCard, Visa, Discover & American Express.

- If you are unable to keep your appointment, kindly give our office a minimum 24 hours' notice, otherwise a \$25 no- show fee will be charged if you miss your appointment
- All payments are due upon receipt of a statement from our office. Balances over sixty days (60) old from the date of service will be sent to an outside collection agency, unless prior arrangements have been made with our billing office.
- We understand that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us for assistance in the management of your account.

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PATIENT / RESPONSIBLE PARTY (SIGNATURE)

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PATIENT DATE OF BIRTH

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PATIENT NAME (PRINT)