



Financial Policy

PPO/HMO's

We will submit claims directly on your behalf to your respective insurance carrier. The Patient / guardian are responsible for any co-pays or patient responsibility on the day of the visit. Referrals are the responsibility of the patient / guardian to obtain from their primary care physician **PRIOR** to their appointment in this office. **IF REFERRALS ARE NOT OBTAINED, THE PATIENT / GUARDIAN IS FULLY RESPONSIBLE FOR CHARGES INCURRED OR THE OFFICE VISIT WILL BE CANCELED.** We are limited by HMO's to provide treatment only for what is authorized. If you choose to have treatment for additional problems not authorized by your plan, you will be financially responsible for the charges.

Worker's Comp

Your Worker's Compensation Carrier / Adjuster must authorize all visits in advance. All services are to be paid by Worker's Comp. In the event the Worker's Comp Carrier should deny a claim, the patient will be responsible for the bill.

Cash Pay

A consultation fee of \$400.00 will be collected on the day of the patient's initial office visit. A \$150.00 office fee will be due and payable for any office visits thereafter, this charge would not include any additional services outside the office visit such as: casting, injections, medications, etc.

Cancelled /No Show Appointments

If the patient fails to notify office within 48 hours of the patient's visit, a cancellation charge of \$60.00 will be applied to your account.

Returned Check

In the event of insufficient funds, a returned check fee of \$25.00 will be added to your account balance along with the payment amount which was on the check.

IT IS THE RESPONSIBILITY OF THE PATIENT / GUARDIAN TO INFORM OUR OFFICE OF ANY CHANGES IN THEIR INSURANCE COVERAGE AND BILLING INFORMATION.

Signature of Responsible Party: _____
(Parent / Guardian of minor child)

Date: _____