(Practice Name)

FINANCIAL POLICIES

(Practice Name) is please to participate in a number of different insurance plans. While we are pleased to be able to participate in these plans, it is almost impossible for our office staff to be aware of each plan's specific requirements. Your plan may have limitations on the frequency of services performed or where service may be performed (i.e., laboratory testing). Some plans may require a referral from your primary care physician as well.

Most plans with these requirements are considered managed care plans. Participation in these plans helps to insure that patient's medical services are properly coordinated between the patient, physician and insurance carrier, and are considered medically necessary. It is very important that you, the patient, take an active role in your medical treatment, from the day the services are rendered, until (Practice Name) has been reimbursed for these services by your insurance carrier.

The following financial policies have been implemented to insure each (Practice Name) patient is properly informed of their financial responsibilities to (Practice Name).

1. Upon completion of your services, if you've submitted insurance information, your insurance carrier(s) will be billed, as follows:
    a. Primary insurance carriers are billed as a contractual obligation.
    b. Secondary insurance carriers are billed as a courtesy to our patients.
    c. Tertiary (3rd) insurance carriers are to be billed by the patient. (Practice Name) will not bill a patient's tertiary insurance carrier.

2. It is the patient's responsibility to inform (Practice Name) of specific limitations set forth by their insurance plan(s). If (Practice Name) is to order services that are considered non-covered by a patient's insurance carrier, payment for these services will become the financial responsibility of the patient.

3. In the event that services are provided, and a patient's coverage is not in effect on that specific date of service, payment for these services will become the financial responsibility of the patient.

4. In the event that a patient's balance becomes more than___days past due, a late fee may be assessed.

5. Lab tests and/or pathology specimens sent to outside laboratories will be billed separately from (Practice Name)'s charges. The laboratory service will bill for their charges.

6. In the event that your account is turned over to a collection agency due to non-payment, you understand and agree that you may be responsible for any collection fees including attorney fees and court costs.

I have read, understand and agree to the financial policy stated above.

Print Name: _____

Signature: _____ Date: _____