

## **Patient Financial Rights and Responsibilities**

### **INSURANCE BILLING**

The patient is responsible for providing complete and accurate insurance information for billing purposes. If this information cannot be provided at the time of service, the charges must be *paid in full* and your insurance will not be filed. The patient is also responsible for knowing their insurance coverage. This includes co-pays, deductibles, coinsurances and the amount your insurance covers. Any balances not paid by your insurance will be your responsibility to pay. If you are not sure what your insurance covers, then it is *your* responsibility to contact your insurance company and obtain that information. All patient due balances *must be paid at the time of service* unless payment arrangements have been made with our billing department.

### **CO-PAYS**

Per your insurance company, all co-pays are due at the time of service. If you do not pay this at the time of service, you will be charged an additional \$10 billing fee along with your co-pay (effective 4-1-09).

### **PATIENTS WITHOUT INSURANCE COVERAGE**

Patients that do not have insurance coverage *must pay all charges in full* at the time of service. Your appointment will be rescheduled if you are unable to make payment. Payment arrangements may be made through our billing department for *emergency* procedures only. Any procedures performed in our office carry additional charges above the office visit charge. It is the patient's responsibility to inquire about the additional cost before the procedures are performed. These charges must be paid before you leave our office unless payment arrangements have been made in advance.

### **RETURNED CHECKS**

If a check is returned unpaid, a \$20 charge will be added to the account and *we will no longer accept checks* as a form of payment. All future charges will have to be paid with cash, credit card or money order.

### **ACCOUNTS TURNED OVER TO COLLECTIONS**

If your account is referred to an outside collection agency due to non-payment, you will be responsible for all collection costs, including all legal fees, associated with collecting the unpaid balance. *The balance must be paid in full prior* to any future visits.