

## *Financial Policy*

### *Insurance*

As a reminder, treatments are NOT typically covered 100% by insurance benefits and all patients are responsible for the balances not covered by their insurance plan. Please remember that any decisions and agreements with your insurance carrier are between the patient and the insurance company and beyond our control. Any balance unpaid within 60 days by your insurance carrier for any reason will become your responsibility. We will be happy to review your plan with you if you have any questions about your benefits. **For Uninsured Patients:** Payment is required at the time of service unless prior financial arrangements have been made with this office.

### *Extended Payments*

For treatments totaling \$300 or more, arrangements can be made to pay the balance over an extended period of time through *CareCredit*, a private financing company. For more information on CareCredit, please inquire with our front desk or visit [www.carecredit.com](http://www.carecredit.com). If you wish to find out more about additional payment options please ask the front desk for a copy of our Payment Options.

### *Overdue Accounts*

Accounts on which NO payment is received for three billing cycles (90 days delinquent) will be subject to our collection procedure which may include turning the account over to a collection agency. In the case of default of payment the patient will be responsible for the legal interest on the balance due as well as collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

### *Cancellation Policy*

Our office requires a 48-hour notice (2 business days) for cancellation of appointments. Without reasonable notice our office reserves the right to charge a \$50 broken appointment fee. This fee is also applicable for appointments that are rescheduled more than twice with little notice or if the patient fails to show up to the appointment. Of course, we understand that situations may arise unexpectedly and we will take this into account prior to assessing fees.

I hereby acknowledge that I have read and understand the above financial policy and agree to its terms.

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Responsible Party

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Date