

INSURANCE/REFERRAL AND “NO SHOW” POLICY (OUR FINANCIAL POLICY)

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier.
2. Health plans or insurance companies may require a referral to be seen by our doctors. You must have a current referral to be seen in the practice or you may not be seen. You and your physician, not our office, is responsible for obtaining the referral prior to your visit. If you do not have a referral and circumstances involving your care require immediate attention, then you will be asked to sign a form that obligates you for payment until such referral is obtained. If you cannot obtain that referral then you will be responsible for full payment.
3. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to the doctor – in other words, if you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
4. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment at the time of your visit.
5. 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. Payment is due upon receipt of a statement from our office.
6. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.
7. Failure to honor financial obligations or “no shows” for visits may lead to termination from the practice/physician’s office. You will be notified in writing of such termination. Our physicians will continue to serve you for 30 days (unless otherwise specified) allowing you and your referring physician to make alternative arrangements for your care.

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8. Our office manager(s) is available to answer any specific insurance or financial questions.

Signature of patient (or responsible party, if minor)

Date

Please print the name of the patient

Jas/kr

11/05