



PAYMENT POLICY

There are two forms of payment:

CASH-Patient pays for care on a daily or monthly basis. Unpaid balances will result in late fees.

INSURANCE ASSIGNMENT-Co-pay, Insurance reimbursement signed over to our clinic,
(as explained below)

PLEASE CHECK HOW YOU WISH TO PAY: CASH _____ CHECK _____ CREDIT CARD _____ CARE CREDIT _____

INSURANCE ASSIGNMENT PROGRAM

It is our desire to assist our patients whenever possible. The following insurance assignment program allows you, our patient to receive the care you need without the financial strain.

1. Waiting for insurance payment is a service provided by this office. We reserve the right to withdraw this service at any time. We will bill your insurance company and accept assignment of benefits during your corrective care period. Direct assignment will be discontinued when you have finished corrective care and supportive care has been recommended. We will notify you of the change.
2. All deductible amounts must be paid by you in advance of the first billing. Also, you must stay current with your percentage of your responsibility. This must be paid at least weekly. Prepayments may also be made.
3. The insurance carriers are billed on specific 15 and 30 day cycles. It is your responsibility to supply this office with the necessary forms to complete billing if needed.
4. If you receive payment from insurance carrier during the period which the clinic has accepted assignment of benefits, you are to bring the check into this office within three days of receipt and endorse it over to the clinic. Failure to do this may result in collection action.
5. If you discharge your care for any reason other than discharge by the doctor, you will be responsible for any unpaid balance regardless of any claims submitted to your insurance company, at the time you discontinue care.
6. This office does not promise that an insurance company will pay. In the event that the insurance company rejects or dispute the claim, it will be the patients responsibility to pay all the charges and pursue reimbursement from the insurance company on his / her own. The insurance company has 30 days from billing date to make this decision. Patient payment is expected on any fees over 30 days old.

I have read the above provisions and wish to participate in the insurance assignment program. I hereby agree to abide by the provisions specified above.

Patient's Signature

Date