

## FINANCIAL POLICY

We are committed in providing you with the best possible care and your understanding of our financial policy is important to our professional relationship. Please ask if you have any questions regarding our policies.

Due to the rapid changes taking place in the healthcare industry, it is imperative that you are aware of the benefits and requirements of your insurance plan.

**There is no way we can possibly know or keep up to date with each program's provisions. It is your responsibility to know and advise us of your plan's requirements prior to any services provided to you. Please be advised that if we have not been informed of your program's requirements and we provide a service and your plan does not pay, you will be responsible for the fees.**

We will do our best to comply with your company's requirements. Patients must inform us of changes in information or insurance plans prior to seeing the physician.

**Referrals: If your plan requires a referral from your primary care physician (PCP), it is your responsibility to present the referral prior to the service or you may be responsible for payment in full.**

### **RELEASE:**

**I hereby authorize any insurance benefits be paid directly to the physician and I understand I am financially responsible for non-covered services. I also authorize the physician to release any information required in the processing of the claim.**

**DATE: \_\_\_\_\_ Patient's Signature \_\_\_\_\_**