

Financial Policy for _____
Dr. _____

Thank you for choosing our office as part of your health care team. In our effort to provide personalized care in the most efficient and economical manner possible, we are providing to all of our patients this copy of our Financial Policy. We ask that you take a few moments to read our Financial Policy and sign below.

Insurance Coverage

- Your insurance policy is a contract that _____

- New insurance companies are _____

- We rely on you to inform us of all insurances _____

Appointment Charges

- All charges are the responsibility of the patient. We will bill your insurance company, but any services not covered are the patient's responsibility. _____

- Costs can vary, depending on the type of insurance coverage you have and _____

- If you miss an appointment, or cancel an appointment _____

- _____
- Balances/Collection Fees: _____

I have read and understand the Financial Policy of _____

Patient's Name (print): _____ Date of Birth: _____

Patient's/Guardian's Signature: _____

Date: