



## **PATIENT FINANCIAL RESPONSIBILITY CONTRACT**

### **INSURANCE FILING POLICY**

As a courtesy service to you, we will file an insurance claim form with your insurance company. Since your carrier's responsibility is to you, we encourage you to take an active role in calling your carrier on claims and benefits.

We will file your primary and secondary insurance claims in most cases. We will wait up to 90 days, if necessary, for payment. After 90 days, if the account has not been paid by your insurance it will be defined as your responsibility. At that time you will be held responsible for payment on services provided. At your request, we will provide you with a completed billing form that you may use to file your own claim with your insurance company. If you need copies of your explanation of benefits, you will need to contact your insurance carrier.

It is our expectation that all deductible, co-pays and non-covered services be paid by you at the time of your visit.

### **CANCELLATION AND NO SHOW POLICY**

Please note that late cancellation (less than 24 hours) and No Shows will be billed to you as follows:

All occurrences	\$85.00
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Your insurance company will not cover these fees. These fees will be your responsibility and must be taken care of before additional appointments will be scheduled. Continued noncompliance can result in termination of services.

**Please note:** A reminder call may be given as a courtesy. However, it is still your responsibility to remember your appointment date and time.

I acknowledge that I have read and understand this policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date