



## **Payment Policy**

**Insurance:** We work with all insurance carriers. If we find any issues with your coverage, we will contact you prior to your appointment. It is your responsibility to ensure your insurance information is current.

**Proof of Insurance:** All patients must complete our patient registration form before seeing the doctor. Photo identification and a current valid insurance card are required at every visit to provide proof of insurance. It is your responsibility to verify that the office staff has the most current and correct information regarding your health insurance policy. Failure to provide current information may result in non-coverage for services provided, and the resulting charges will be your responsibility.

**School Insurance:** If your child is covered under a school insurance plan, proof of that insurance must be provided at the time of visit. You are responsible to file the claim with your school and give us all pertinent information regarding the claim.

**Co-payments and Deductibles:** In accordance with your insurance plan and services provided, you are responsible for any and all co-payments, deductibles, and coinsurances at the time of service.

**Non-payment of Patient Balances:** Should your account become delinquent, the patient or guarantor agrees to pay all costs associated with collecting the balance due. This includes, but is not limited to, attorney, collection, and contingent fees.

**Non-Sufficient Funds (NSF)/Returned Checks:** A fee of \$50.00 will be charged for all returned checks.

**Missed Appointments:** Failure to cancel your appointment without 24 hours' notice from your scheduled visit may result in a fee of \$50 for your visit.

**Surgical Cancellation:** If surgery is canceled without at least 72 hours' notice, a \$500 fee will be applied.