

## FINANCIAL POLICY

To reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policies. If you have any questions regarding these policies please discuss them with us. We are committed to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Your clear understanding of our financial policy is important to our professional relationship.

**\_\_\_\_\_ (initial) Your membership fee is separate from your medical services and must be paid monthly or yearly. Failure to pay your membership fee will result in dismissal from the practice.**

We are pleased to directly bill your insurance company after your insurance coverage has been verified. We are contractually obligated to collect annual co-pays at the time of service. Every benefit package is unique, and each patient is advised to review their benefit statements for coverage details. Most insurance companies pay a percentage of your bill. As a courtesy, if you are out of network, you will not be billed more than your in-network cost.

### MEDICARE

- \_\_\_\_\_ (initial) We are contracted with Medicare and will file claims to Medicare on your behalf for covered services. We will also bill your supplemental insurance company.
- \_\_\_\_\_ (initial) Medicare regulations do not permit us to waive the 20% (twenty percent) patient responsibility.
- \_\_\_\_\_ (initial) If you do not have supplemental insurance, you will be billed for your patient responsibility after Medicare has paid.
- \_\_\_\_\_ (initial) Not all secondary policies cover the Medicare deductible. Please remember you must meet your deductible each year.

If you have any questions regarding your bill or the Program Fee, please call the practice at  
(702)992-4867

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Authorized signature \_\_\_\_\_

Relationship \_\_\_\_\_