

## PATIENT FINANCIAL POLICY

Starting November 1, 2010, we will be asking you to make arrangements to pay any potential charges not covered by your insurance at the time of your appointment.

As a convenience to you, we will accept a payment pre-authorization against a credit card, debit card, or checking account. You can pre-authorize the practice to charge the account of your choice for no more than what we estimate the amount of your bill that will not covered by insurance.

If we can't run an estimate at the time of your office visit, we will ask you for a onetime payment authorization for **no more than \$150**. This authorization will expire after 90 days.

Your account will only be charged once the Explanation of Benefits – which identifies your responsibility for the charges – is issued by your insurance company. You will be charged **the lesser** of your actual responsibility from the final Explanation of Benefits or the authorization you provide at the time of service.

If your final financial responsibility ends up being higher than the authorized amount, we'll bill you for the difference. **You pay nothing until the actual amount you owe is finalized.**

For more information, please read “A Patient’s Guide to Point-of-Service Payment”, which is available upon request.

Thank you for helping us keep our operating costs down. These savings are reinvested to help operate the practice, pay for new medical technology and maintain the facility – all of which benefit our patients and community.

I acknowledge that I have read this policy and understand its provisions.

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date