



## FINANCIAL POLICY

1. **Responsibility for Payment:** We consider the patient to be responsible for payment of services. In cases where the patient is a minor, the parent that the child is living with is responsible for payment.
2. **Insurance Billing:** As a courtesy to you, we will bill your primary insurance company provided that the pertinent identification numbers are provided. It is the patient's responsibility to inform our office of ANY insurance changes.
3. **Auto Insurance:** If patient is involved in an automobile accident, the responsible party is the insured automobile the patient was in at the time of the accident. The patient is required by this office to fill out and sign all lien agreements.
4. **Major Medical Insurance:** Please see the following regarding major medical insurance:
  - If your annual insurance deductible has not yet been met, payment is expected at the time of service.
  - Insurance is considered to be a private contract between the patient and insurance company: it is the patient's responsibility to resolve any difficulties with claims processing directly with the insurance company. We will call for benefits, but there is **NO GUARANTEE OF BENEFITS**.
5. **Workers Compensation:** If an injured worker has completed the appropriate forms in our office, we will bill his/her industrial accident insurance.
6. **All Insurance Claims:** Any amount not covered by major medical insurance, auto insurance, workers compensation insurance is the **FULL RESPONSIBILITY** of the patient or patient's guardian.

I, \_\_\_\_\_, have read this financial policy and understand its content.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date