FINANCIAL POLICY

Print Financial Policy

Our office is available to discuss any questions you may have regarding your insurance or account at 724-590-0494 during the regular business hours Monday through Friday.

The following is our Financial Policy. Please review this carefully, then sign and date the bottom of the form.

- All co-pays are due at the time of service.
- We accept cash, checks, Visa, MasterCard, American Express & Discover credit cards.
- Payment in full may be required at the time of service depending upon services rendered.

Insurance: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance plan for you, as long as you provide us with the correct and current information. Your contract dictates the services that are covered and the amount of payment for those services. You are ultimately responsible for payment of services provided.

Secondary Insurance: As a courtesy, we will bill your secondary insurance, but we require all the plan details at the time of service. Once the primary insurance pays, we allow 45 days for the secondary insurance to process their portion. At the end of 45 days, the balance becomes the patient's responsibility.

Worker's Compensation Claims / Self-Insured Claims: We request your private insurance information at the time of service. In the event State L&I or the third party administrator does not accept your claim, we will bill your private insurance. You are ultimately responsible for payment of services rendered, if your claim is not accepted.

Doctor Referrals: You are responsible for obtaining the appropriate referral and/or prescriptions from your primary care physician prior to your appointment. It is your responsibility to make sure we have a valid and current copy of your referral/prescription in the office at the time of your appointment. Exceptions to this policy would be those plans that have direct access to therapy with no referral required.

Payment Issues: If financial problems arise, please contact our Billing Department as soon as possible. Installment or payment arrangements can be implemented. However, if you or the person financially responsible does not adhere to the payment plan, the balance will become due immediately.

If an account becomes past due, necessary action will be taken, up to and including turning the account over to our attorney or collections service. The undersigned understands that he/she, or his/her agent, is responsible for charges incurred.

I understand that I am financially responsible for all charges whether or not paid by my insurance. I understand that the benefits quoted to me are not a guarantee of claim payment. I understand that payment is dependent on my eligibility at the time of service and ALL terms and conditions of my insurance plan. I agree that I will not withhold or delay payment if my insurance company denies payment on any of my charges. I have carefully read the Financial Policy. I understand and agree to the terms therein.

_____ **Date:** _____

Signature of Patient or Responsible Party

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Print Name

[Give copy to patient and file original in patient's chart.]