

FINANCIAL POLICY

JOHN D. BOYER, M.D.
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Thank you for choosing us. We appreciate your trust in us and the opportunity to serve you. As part of our practice, we try to offer efficient and helpful billing services. To this end, we ask you to read the following statement of our financial policy. Please sign it prior to any treatment. If you'd like to obtain a copy of this financial policy, please request a copy from the front office.

- **Co-pays and deductibles are due at the time of service.**
- **Payment for non-covered or cosmetic procedures is due at the time of service.**
- **We accept cash, checks, VISA and Mastercard credit cards.**
- **Patients who do not have insurance are required to pay in full at the time of service. If you are not able to pay in full, please call our office to make payment arrangements.**

PARTICIPATING PLANS

We will be happy to bill insurance plans we participate in. Once we receive correct payment, we will make our contractual adjustment and send you a bill for the balance due.

NON-PARTICIPATING PLANS

As a courtesy to you we will bill your insurance carrier if you provide us with complete insurance information. **Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.** If your insurance company has not paid your account within 30 days, the balance will be assessed to you for payment. You should remit payment within 30 days or contact your insurance to check the status of the claim. Please notify us immediately upon contacting your insurance company or if there is anything we can do to help settle this claim. You are responsible for payment regardless of any non-participating insurance company's arbitrary determination of usual and customary rates.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best of care for our patients. Our charges are within the usual and customary charges for our specialty in our area.

PAST DUE BILLS

Please note that if your balance is unpaid for 90 days, your account will be eligible for assignment to a collection agency without further notification.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to this Financial Policy.

X

Patient/Responsible Party

Date