Office Financial Policy
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(407)542-0100

The last several years have been a time of profound change regarding health care reform. It has become necessary to implement the following policies.

PLEASE READ THOROUGHLY AND SIGN ON THE BACK OF THIS FORM

1. We will collect your co-pay, and/or any balance due at checkout. It is the patient's responsibility to know the terms of their insurance plan.
2. You must bring your insurance card, photo I.D., and any required referral/authorization needed for your appointment. Without these, you may have to be self-pay.
3. We will file your insurance if we are providers for your plan. It is your responsibility to know if our office is in network with your plan. It is the patient's responsibility to make sure we receive prompt payment from them. It is useful to maintain frequent contact with your insurance carrier to make sure they are paying as they should.
4. If insurance denies payment on your account, you understand you will be responsible for any and all charges not paid by the insurance company.
5. HMO or PPO patients requiring a referral and/or authorization: You are responsible for making sure your visit with our office is authorized by your primary care physician (PCP). This referral/authorization must be obtained before your scheduled visit. It is the patient's responsibility to make sure we have received referral/authorization. If you do not have the proper referral/authorization, your appointment will be rescheduled and you may be subject to a $50 charge for established patients and $100 for new patients for a missed office visit or a $100 charge for a missed procedure(surgery).
6. Self-Pay patients: This category includes patients with no insurance and the patients who have an insurance plan with which we do not participate or patients who do not wish to use their insurance. Payment for medical services is required at checkout for services rendered. *Please be aware you may receive a separate pathology/ lab bill*.
7. Should you need to cancel or change your office visit appointment, you will be subject to a $50 charge (established patients), and $100 charge (new patients) if you do not do so with 24 hours business day advanced notice. Should you need to cancel or change an appointment for a procedure (surgery) you will be subject to a $100 charge if that change is not made with 24 hours advanced notice. By signing below, I agree that I am financially responsible for any charges incurred for missed appointments in which I did not give the required advanced notice.

AS A FINAL NOTE:

Remember, you and /or your employer pay monthly insurance premiums. Your insurance company is accountable to you. Do not hesitate to contact them if you disagree with their payment or to find the status of your claims.

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date