



PAYMENT POLICY

We appreciate you choosing our practice and want to ensure your understanding of our payment policy prior to receiving professional services. We are contracted with most insurance companies and/or discounted networks. ***Your insurance benefits will be verified prior to service*** and you will be notified in advance if we are out-of-network.

OFFICE VISITS

Office visit co-pays, co-insurance or unmet deductibles, where applicable, are required to be paid at the time of service.

SURGERY

A billing representative will meet with you prior to surgery to discuss your surgical benefits. ***In most cases, there will be a surgical deposit due, which must be paid prior to surgery.*** This is usually comprised of an unmet deductible and co-insurance, based on verification of your benefits. Occasionally, a procedure is not a covered benefit or falls into a pre-existing conditions exclusion. These charges must be paid in full prior to surgery. We will bill your insurance and refund you if benefits are paid.

INTERNATIONAL/GLOBAL INSURANCE

International/Global insurance is not accepted and international patients or any patient who resides outside the U.S.A. are considered self-pay. The full charge for office visits is required at the time of service and ***all surgical fees must be paid prior to surgery.*** (Sometimes, a contract discount may apply if we can verify that we are contracted with your network, and you presented evidence of coverage prior to surgery.)

Please answer the following questions below:

- 1. Is your insurance coverage under a **COBRA** plan? Yes No
- 2. Is your insurance coverage under a **college student** policy? Yes No
- 3. Is your problem related to an **auto accident or work injury**? Yes No
- 4. Do you have a **lawyer** representing you for this medical condition? Yes No

I have read and agree with the above policies.

Print Patient Name _____

Patient Signature _____ Date _____