

Financial Policy

Payments due at the time services are rendered. This includes insurance co-payments and deductibles.

It is the patient's responsibility to obtain all necessary referrals from the primary care physician *before* scheduling an appointment with us.

Some of the services we provide may not be covered by your policy, and others, such as allergy skin tests, may require specific authorization. It is the patient's responsibility to make sure that our services are covered under his (or her) policy and to secure all necessary authorizations *before* the appointment date.

If payment is denied by the insurance company for any of the reasons mentioned above, the charges become the patient's responsibility. Likewise, if a duly covered and authorized service is not paid within 30 days, it is the patient's responsibility to contact the insurance company to expedite payment.

Your signature below signifies that you have read the above financial policy statement and that any questions you may have about it have been answered to your satisfaction.

Patient or guarantor signature _____

Date _____