



Financial policy

The following is a statement of our financial policy, which we require you read and sign prior to any treatment. Please understand that payment of your bill is considered a part of your treatment. Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Upon completion of reading this financial policy if you have any questions, please feel free to talk to the front desk or office administrator regarding any questions you may have.

FULL PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, ALL MAJOR CREDIT CARDS AND BANK DEBIT CARDS. ALL CHECKS ARE RUN ELECTRONICALLY THROUGH TELECHECK. IF FOR ANY REASON, THERE IS NON-SUFFICIENT FUNDS FOR YOUR CHECK, YOU WILL OWE TELECHECK THE AMOUNT OF THE CHECK PLUS THEIR \$25.00 NON-SUFFICIENT FUNDS FEE. WE ALSO OFFER AN EXTENDED PAYMENT PLAN FOR ESTABLISHED PATIENTS WITH PRIOR APPROVAL. YOU MUST UNDERSTAND THAT THIS IS FOR THE PHYSICIAN'S FEE ONLY. OUR PRACTICE HAS FINANCIAL OBLIGATIONS WHICH MUST BE MET, WE ASK THAT ALL PATIENTS PAY FOR THEIR EXAMINATIONS AND TREATMENT IN FULL ON THE DAY OF EACH VISIT TO OUR PRACTICE.

Patients who have accounts with outstanding balances will have a statement mailed on a monthly basis to their address. You must remember that you are responsible for the bill unless you have made special arrangements in advance by our office. A statement of your account will be provided containing information needed for tax or additional insurance purpose at any time upon request.

We may order lab test or specialized testing as part of our comprehensive and follow-up evaluations. (For example: labs, mammogram, ultrasound, or outside doctor consultation) These are not part of the physician's fee, so you will be billed separately by the facility that performs the testing.

The patient/insured is responsible for knowing her co-payments and/or deductible. The adult or the parent or guardian of a minor patient is responsible for payment of service, whether it be an insurance co-payment and/or deductible or cash fee. For unaccompanied minors, non-emergency treatment will be denied unless, a consent form is signed by a parent or guardian.

If you have insurance coverage, we are here to help you receive your maximum allowable benefits and will file the claim for you. We bill your insurance company as a courtesy to you. The entire balance is ultimately your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits, we require that you pay in full what the insurance company states you are responsible for at the time of service.

Nev. Rev. Statute 689A.410 states your insurance carrier must approve or deny your insurance claim within 30 days of receipt of claim, if claim is approved, they must pay within 60 days of receipt of claim. If an insurance problem occurs, you will be asked to assist us by contacting your insurance carrier. It is necessary to work together to resolve any insurance problems. If your insurance company has not paid your account in full within 75 days, the balance will be automatically transferred to patient responsibility.

In the event that your insurance coverage changes to a plan where we are not participating providers, you will be asked to pay for all fees at the time service is rendered. We will file an insurance claim for you as a courtesy.

Our staff is trained to help you with any insurance questions you may have. Remember, though, that we can best answer questions relating to how your claim was filed, or regarding any additional information the carrier might need to process your claim. COVERAGE ISSUES can only be addressed by your employer or group plan administrator or insurance company.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Thank you for understanding our Financial Policy. If you have any questions about financial arrangements, please feel free to talk to our patient financial coordinator/practice manager. We will make every effort to clarify any misunderstandings you may have.

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

Signature of Patient or Responsible Party

Date

Print patient name