



7860 SW 103rd St. Rd.
Bldg. 100, Ste. 101
Ocala, Florida 34476
(352) 873-4458
Fax (352) 873-8116

FINANCIAL POLICY

As your physician, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assurance, and your understanding of our payment policy.

PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, personal checks, MasterCard and Visa. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check and you will lose your privilege to write checks in our office.

SCHEDULED APPOINTMENTS - Appointments are scheduled every 15 minutes for established patients, therefore for the consideration of other patients please arrive 10 minutes early for your appointment.

FILING INSURANCE - We will file all insurance claims. If we are not a provider of your insurance company payment is due at time of service.

CANCELED APPOINTMENTS:

Patients who do not cancel appointments will be discharged from the practice after the third no-show.

BLUE CROSS/BLUE SHIELD PPC, PPO COVERAGE - CO-PAYMENT AND DEDUCTIBLE MUST BE PAID AT THE TIME OF SERVICE. Because we are under contract with these insurance companies, we will file your insurance.

MEDICARE - Your deductible and 20% of the allowable charges are due at the time of service. Since we are a Medicare provider, we will file your Medicare. If we do not know the Medicare allowable charge for a specific service, we will bill you after Medicare pays. Please bring your Medicare Explanation of Benefits (EOB) showing you have met your deductible.

CHILDREN OF DIVORCED PARENTS - PAYMENT IS DUE AT THE TIME OF SERVICE no matter who is responsible by order of the divorce court.

FINANCIAL AGREEMENT - We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (eg: yearly physical)

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.**

If it becomes necessary to collect any sum due through an attorney and or collection agency, then the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I have read and understand the above Financial Policy.

Signature _____ Date _____