

# FINANCIAL POLICY

## CASH PATIENTS–

Payment in full is due at the time services are rendered. We accept cash, checks, and all major credit cards. If you wish to convert to insurance billing, please refer to the insurance section below and notify this office immediately. \_\_\_\_\_ Initial

## INSURANCE –

We submit insurance claims on your behalf. Co-payments are due at the time of each visit. If co-payment is not made, you will be billed. We must have a signed consent from you with the assignment of payments to this office in order to file claims for you. \_\_\_\_\_ Initial

## ALL PATIENTS –

You are ultimately responsible for all charges regardless of any existing medical coverage. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim.

Upon discharge from this office, all charges are due and payable within 60 days. A 1½% monthly finance charge \_\_\_\_\_ Initial is added to all amounts after 60 days. This represents an annual percentage rate of 18%. All accounts, upon reaching 90 days past due, are subject to submission to an outside collection agency if satisfactory payment arrangements have not been made with the billing office.

You will be charged \$25.00 \_\_\_\_\_ Initial for checks returned from your bank for any reason.

## CANCELLED AND NO-SHOW APPOINTMENTS –

This office requires a 24-hour notice if you are unable to keep your scheduled appointment. If we do not receive a 24-hour notice, you will be charged a fee of \$50.00 \_\_\_\_\_ Initial.

I, \_\_\_\_\_, hereby acknowledge that I received a copy of Dr. Richard Uhler's Notice of Privacy Practices (copy below). I have been given the opportunity to ask any questions I any have regarding this notice.

**If you have any questions or need to make special arrangements for payment, please notify the billing office immediately at (866) 696-0086.**

\_\_\_\_\_  
Patient name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian Signature