

## Office Policy

Patient Name: \_\_\_\_\_

We are committed to providing you with the best possible care. If you have medical insurance we are anxious to help you receive your maximum allowable benefits. We are enrolled in all major insurance plans and networks. However, if we are not enrolled, for now and until the enrollment is completed **we will honor your insurance plan “in-network” benefit rates.**

- Payment for service is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, and Discover.
- Returned checks are subject to a \$25.00 service fee. Repayment will be required in cash, money order or credit card **ONLY.**

### Filing Of Insurance

- Insurance - We will file all claims to your Insurance. Surgery, Sclerotherapy, Diagnostic Procedures and Compression Garment/Stockings are usually covered by insurance. We will verify your plan benefits as a courtesy for you. If necessary our office will prepare a written pre-certification or pre-determination. Insurance providers do not “guarantee” the amounts quoted over the phone. We must emphasize that as a medical provider, our relationship is with you; not your insurance company. Your active participation is necessary when denials occur or payments are delayed from your insurance provider.
- Medicare - The office will file all claims for Medicare covered procedures. **Please note that charges NOT covered by Medicare will be collected at the time of service.** If you have secondary insurance, we will file claim forms for Medicare covered procedures with your secondary.

**As The Patient, You Have The Ultimate Financial Responsibility.** Payment of **All** charges are expected at the time services are rendered by this office. In the event that private insurance may pay a portion of your charges, your estimated payment (considering expected insurance coverage) will be required to be paid at the time of service. In the event that your insurance provider denies payment or pays less than expected, you are ultimately responsible for all balances on accounts. The Insurance Company’s decisions and payment amounts are not within our control; however, we are happy to assist you in the insurance appeal process. In the event of an unpaid account by your insurance provider, please understand that you are ultimately responsible for all charges. If it becomes necessary to collect your unpaid account using a collection agency, you will be responsible for any and all charges incurred as a result of involvement of a collection agency/attorney (usually up to 50% of unpaid amount) and any other legal or court fees incurred as a result.

**Missed or Canceled Appointments-** The timeliness of treatments is important in getting the most effective results. We accommodate the patient’s schedule as best as we can. In consideration of this and other patients, this office requires a 48-business hours notice of cancellation of an appointment and a 72 hour notice of cancellation of a surgery. This provides time to work other patients into the schedule. *Failure to provide notice will result in a \$50.00 missed appointment charge. Policy strictly enforced.*

### Agreement

I, (Print Full Name) \_\_\_\_\_, have read and understand the cancellation policy and the terms & conditions of my financial obligation and agree to abide by the office policies outlined above.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Presented By \_\_\_\_\_ Date \_\_\_\_\_