



FINANCIAL POLICY

We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship.

Payment is due at the time of treatment. Insured patients are required to pay the estimated cost of their care (co-payment) at the time of service. If you do not have insurance, payment in full is expected.

We will do everything we can to inform you in advance of the anticipated costs of your treatment. Because insurance policies vary greatly, we can only **estimate** your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Additional costs may be incurred if unanticipated treatment becomes necessary. Keep in mind that your treatment needs are not connected to or determined by your insurance benefits.

There are payment options available for those who are unable to pay in full at the time of service. These options must be agreed upon prior to treatment being rendered. Please ask a member of our staff if you have questions.

I have read the above policy and understand that I, the patient, am ultimately and completely responsible for payment of my account and agree to the above terms.

Signature of Patient or Responsible Party

Date

Complete Printed Name of Patient