

PATIENT FINANCIAL AGREEMENT

Understanding our financial policies is an important part of your overall experience with our office and staff. Feel free to ask any questions you may have about this financial agreement. Please read these policies carefully and sign below, indicating that you have read and understand the policies detailed within.

INSURANCE PARTICIPATION

We are participating providers for both Medicare and Aetna. We do accept all insurance coverage and payments from all insurance carriers including coverage related to motor vehicle accidents and worker's compensation type injuries. Our office does not accept Medicaid or HMO-type policies from private insurance carriers other than Aetna.

OUR RESPONSIBILITY TO YOU:

1. To keep up-to-date records of your insurance coverage.
2. To submit medical claims to your insurance carrier on your behalf and to make appropriate appeals when claims are initially denied by your insurance carrier.
3. To help you understand the specific details of your insurance coverage and to define any out-of-pocket expenses you may incur from receiving your care from our office.

YOUR RESPONSIBILITY TO OUR OFFICE:

1. To provide accurate and up-to-date insurance information to our office. Failure to provide us with this information may lead to denial of claims and cause you to be personally responsible for charges incurred.
2. To be responsible for any out-of-pocket expenses that are owed as dictated by your insurance coverage. Depending on your insurance coverage this **may** include any of the following types of payments:
 - a. **"Co-Payment"**: a payment that may be required at the time of an office visit as a mechanism by which you share the cost of that visit with your insurance carrier. This is usually a flat fee paid per visit, regardless of the total amount of charges incurred.
 - b. **"Co-Insurance"**: a payment that shares some of the overall cost of your care with your insurance carrier. This is usually determined after the charges have been processed by the insurance carrier and an "Explanation of Benefits" or "E.O.B." has been issued. A plan will have a set ratio, for example 70/30, where the insurance carrier pays 70% of the allowed amount and you are responsible for 30%.
 - c. **"Deductibles"**: these are amounts that are paid out by the patient before any payments are made by the insurance carrier. A \$500 deductible means that the patient is responsible for paying the first \$500 of the charges incurred. Once the deductible is "met" then your insurance carrier will begin covering their portion of the allowed charges. Deductibles can be per individual or per family. Deductibles usually reset every January 1st.

I have read and agree to the policies listed above. I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his services as described. I realize that I am required to pay for non-covered services.

Signature

Date