Post-Operative Rehab
Headaches
Balance Disorders
Functional Decline

OUR FINANCIAL POLICY

Non-insured patients are expected to pay in full with cash, check or credit card the day service is rendered unless specific arrangements are made in writing, in advance.
For those patients who are covered by insurance, we will accept assignment of benefits. You will be asked to pay your co-pay, deductible and/or coinsurance the day service is rendered.

We will estimate as closely as possible your coverage, but until we actually receive payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility for payment by your insurance company lies with you. After 45 days, any remaining balance not covered or received from your insurance company will be due in full from you.

Please ask our financial officer in advance if you need alternate financial arrangements. In such cases, we will set up a written contract.

I was informed of my benefits and understand them as quoted by my insurance company. I also understand that this is not a guarantee of benefits.

I have read the above and understand it.

_____
(Patient Signature)

It is our goal to provide quality care to our patients. If you are unable to keep your appointment, kindly provide us with a 24-hour notice. **Failure to do so may result in a cancellation or no show fee of $75, which is not covered by your insurance.**
I have read the above and understand it.

_____
(Patient Signature)