

## OFFICE POLICY REGARDING INSURANCE

To preserve the best possible relationship with you, our patient, and to prevent any misunderstanding, we hope the following explanation of our office policy regarding insurance and payment for services is helpful.

1. Professional services are rendered to the patient and not the insurance company. You, the patient, are directly responsible for payments to the doctor. A health insurance policy is a contract between you and your insurance company. You understand that you are responsible for your bill and for collection charges that may be applied to outstanding balances after all reasonable attempts have been made to collect payment.
2. We expect and appreciate payment for your co-payments at the time of service. We will accept cash, check, American Express, Master Card, Visa or debit card.
3. For any insurance plan that requires authorization from a primary care physician (e.g. HMO, PPO, etc.) it is your responsibility (as patient or guardian) to be sure that this office receives all necessary referrals or authorizations PRIOR to treatment. If the insurance carrier denies any charges due to lack of referral authorization, you (the patient or guardian) are responsible for all charges incurred.
4. If any types of supplies are dispensed during the course of treatment, (e.g. arch supports, accommodative pads, creams, surgical shoes, etc) payment is due at the time of service, if they are not a covered service under your plan.
5. I have read, understand and agree to the above office policies and understand that I am financially responsible for any balance due on my account.
6. I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

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Signature (Parent, if patient is a minor)

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Date