

Payment Policy

Please select from the following choices:

Primary Insurance

We will bill your primary insurance. We assume payment of insurance benefits is not forthcoming on charges older than sixty days. Charges outstanding for more than sixty days from the date of filing will be due in full from you regardless of the type of insurance involved. Any overpayments will be refunded after all charges have been processed by your primary insurance.

-Please be aware that we require payment for all co-pays, deductibles and percentages that your insurance will not cover at the time of service.

-All supplies are payable at the time of delivery and we will only file for supplies covered by your insurance carrier.

Secondary Insurance

As a courtesy to you we will bill secondary insurances upon request. The claim will be promptly submitted once payment from your primary insurance has been received.

Workers Compensation

We will bill your Worker's Compensation Carrier for your charges. Please note that you will remain financially responsible for any and all charges if your carrier denies coverage of your claim is contested.

Self Pay

Please pay the balances in full at the time of service. In the event you are unable to pay the balance in full, please advise us prior to the time of service. Please be advised that we are not a credit grantor, and therefore, failure to maintain these arrangements may result in the placement of your account with an agency or attorney for collection.

Please be aware that you will remain financially responsible for any and all services and supplies received regardless of the payment option selected above. In the event your account becomes delinquent and is therefore in default of payment, the patient, legal guardian, or admitting parent will be responsible for the principle amount owed and all reasonable costs associated with the collection of this debt, including, but not limited to, collection service fees, attorney's fees, all court costs, and additional legal expenses associated with recovery of the debt.

Thank you for allowing us the opportunity to service you. Please sign and date this form. If you have any questions, please ask for our assistance.

Signature: _____

Date: _____