

**Financial Policy & Notice of Privacy Practices**

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at this time. Your clear understanding of our Financial Policy is important to our professional relationship.

We must emphasize that as a health care provider, our relationship is with *you*, not with your insurance company.

- Your insurance is a contract between you, your employer and the insurance company.
- Phone and written confirmation of your co-pay is not necessarily a guarantee of payment.
- Required co-payments must be made on the day service is provided.
- **YOUR CO-PAY IS ONLY AN ESTIMATE. You are responsible for balance not paid by your insurance company.**

Payment for services is due at the time service is rendered, unless payment arrangements have been approved in advance by our office. You are responsible for timely payment of your account.

Late payments will be subject to a 24% APR late fee. If applicable, you will be responsible for any lawyer and/or Collection Agency expenses that may be incurred.

**I have read the above information; I understand and agree that I am responsible for the payment of all professional services rendered.**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I am aware of this office Notice of Privacy Practices.

Patient acknowledgment for above information:

Signature \_\_\_\_\_

Date \_\_\_\_\_