

At this time, our office does not yet know the complexity of your problem or the time you will spend with the physician. While we are unable to give you the exact amount of your fee for your initial office visit until *after* you have been examined and your visit coded, the following policies are effective immediately:

Self-Pay Patients: If you are uninsured, or have neglected to bring the appropriate insurance information, our office will request a payment of \$50.00 towards the balance of your bill. You will be asked to make arrangements to make monthly payments towards the balance of your bill, if applicable.

Workers' Compensation Patients: If you were injured at work and/or have filed a workers' compensation claim for this problem/injury, you are responsible to provide our office with the name of workers' comp carrier, their address, phone number, and claim number. If you do not bring this information with you, you will be treated as a self-pay patient. *Health Insurance cannot be billed unless your workers' compensation claim has been denied (in writing).*

Health Insurance: You are responsible to obtain a referral from your doctor, if applicable. A current insurance card must be presented at the time of your visit. If you have a co-pay or deductible, please pay this today. If a valid insurance card is unavailable, you will be treated as a self-pay patient. Upon presentation of a valid insurance card and completion of claim processing, you will receive a refund.

Auto Insurance/Third Party Liability: If you were injured in an auto accident or as a result of another party, you must present the appropriate insurance information (For example: Name of liability carrier, address, phone # and claim #), along with the insured's name, address, and phone number.

All Patients: All patients will be asked to present a photo ID at the window at their first office visit. Please be prepared to show valid ID upon request.

We thank you for your cooperation. Your signature below indicates you have read and understood our office policy.

Signature

Date

Witness

Date