

## Payment Policy

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Please read and sign this form as it concerns you, the patient.

**\*\*\*YOU ARE RESPONSIBLE FOR YOUR INSURANCE POLICY**

Due to the many changes in insurance policies, we cannot be responsible for interpreting each individual policy. **It is your responsibility to know your individual coverage and its limitations, as well as who is a provider for your plan.** We urge you to check with your insurance company regarding your benefits because failure to comply could result in you, the patient, being responsible for all costs incurred. **Please remember that your insurance policy is a contract between you and your insurance company. It is your responsibility to know or find out, whether or not we are providers for your specific network.**

- **Referrals**

If you need a referral from your insurance company or from your primary care physician to be seen in this office, the referral must be present at the time of your visit. If it is not available, it will be your responsibility to obtain one. Consequently, you will need to reschedule your visit should a referral not be available. We welcome you to call your primary care physician and have your referral faxed to us.

- **Non-Participating Provider Policy**

If we are not a provider for your insurance company, we will collect our fee in full at the time of service.

- **Your Financial Responsibility**

**You are responsible for payment of any co-payments, co-insurance, deductibles, etc. at the time of service. Because we are specialists, some diagnostic/invasive procedures are not considered part of your office visit co-payment and may be applied to your deductible and/or co-insurance.** Please call your insurance company and learn about your coverage. It may save you a lot of confusion and out of pocket expense.

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Patient Signature

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Date