

OFFICE POLICY FOR PAYMENT WITH INSURANCE COVERAGE

All patients are expected to make payment at the time services are rendered.

1. If you have insurance, you must provide us with a copy of your insurance card. We will file your insurance as a courtesy. **We must verify your insurance benefits no later than 48 hours prior to your appointment.**
2. You will need to pay any deductible you have not met at the time of service.
3. You will also be responsible to pay at the time of service your plan percentage (example 20%, 30%, etc.) We will discuss your plan benefits with you prior to your appointment.
4. If we do not receive payment from the insurance within 90 days, it is the patient's responsibility to pay the balance in full.
5. Any balance remaining after insurance has paid, will be considered past due 30 days following. If payment or arrangement for payments is not made, the account is charged a 50% collection fee and turned over to our collection agency. All collection charges, including attorney fees and court costs, will be added to your balance.

The signature below authorizes payment to be made directly to the doctor from any insurance benefit that may apply. The signature below acts as a release for information that may be needed to file a claim.

Signature

Date

Parent/Guardian if patient is a minor

Method of Payment

Who will be making payment?

___ Cash

___ Yourself

___ Credit Card

___ Your Driver

___ Check

*Payment by check is processed as an electronic transfer.

Attention Patient

Are you taking any of the following medications for treatment of Osteoporosis or Cancer? YES _____ NO _____

Etidronate (Didronel)
Tiludronate (Skelid)
Alendronate (Fosamax)
Risedronate (Actonel)
Ibandronate (Boniva)
Pamidronate (Aredia)
Zoledronate (Zometa)

SIGNATURE _____ DATE _____