

## Financial Policy

Thank you for choosing Howard Wolin, MD to meet your specialized medical needs. We are committed to providing you with the best treatment available. Please understand that payment of your bill is considered part of your treatment. The following statement of our Financial Policy, of which we require that you read and sign.

All new patients must complete our Patient Registration form as well as our Financial Policy before seeing the physician.

PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE

~FOR YOUR CONVENIENCE, WE ACCEPT~

\*CASH \* CHECKS \* VISA \* MASTER CARD \*AMERICAN EXPRESS \* DISCOVER

**REGARDING INSURANCE:** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will generate a bill for you to submit for insurance. Please be aware that some, and perhaps all, of the services provides may be non-covered services and/or not considered medically necessary under your health insurance plan. You, as the patient, ultimately are responsible for payment of all services provided by our Care Center. While payment is your responsibility, we will assist you in negotiating a settlement with your insurance for any disputed claim. Our Patient Accounts specialist is available to discuss any questions you may have regarding your insurance or your account at our office.

When you bill any insurance yourself, please do so promptly, so that you will receive reimbursement in a timely manner.

**USUAL AND CUSTOMARY RATES:** Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**MEDICAL NECESSARY CARE:** We will only provide you with a service if we consider it medically necessary. Therefore if your insurance company arbitrarily determines that a service we have rendered to you, is unnecessary, you will be responsible for the bill.

**CREDIT POLICY:** Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days.

If an account becomes past due with no valid reason, necessary action will be taken to recover the account balance due.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns prior to signing the agreement.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient or Responsible Party