

TO OUR PATIENTS WITH INSURANCE:

AS A COURTESY TO OUR PATIENTS WE WILL GLADLY FILE YOUR INSURANCE AT NO ADDITIONAL COST TO YOU. HOWEVER, THE FOLLOWING STIPULATIONS DO APPLY:

WE ARE A PROVIDER FOR YOUR INSURANCE

ALL INSURANCE CARDS AND INFORMATION MUST BE PRESENTED PRIOR TO OR AT THE TIME OF SERVICE

PHOTO IDENTIFICATION IS REQUIRED AT THE TIME OF SERVICE

CO-PAYS AND PATIENT'S MONETARY PORTION OF SERVICES AND/OR PRODUCTS ARE DUE AT THE TIME OF SERVICE

AFTER PAYMENT OR NOTIFICATION TO OUR PRACTICE FROM YOUR INSURANCE COMPANY IF THERE IS AN OUTSTANDING BALANCE THE PATIENT IS RESPONSIBLE. YOU WILL BE MAILED A STATEMENT AND PAYMENT IS DUE WITHIN 14 DAYS

IF THERE SHOULD BE AN OVERPAYMENT BY A PATIENT OF MORE THAN \$10.00 THE PATIENT WILL BE MAILED A REFUND CHECK, IF THE AMOUNT IS LESS THAN \$10.00 IT WILL BE APPLIED TO THE PATIENT'S ACCOUNT AS A CREDIT.