



## **FINANCIAL POLICY**

### **Co-payments:**

All contractual insurance co-payments are to be paid prior to service, in accordance with your health insurance policy. We appreciate your understanding and cooperation with this policy. If not paid, there will be an additional charge of \$15 added to your services for today for administrative expenses.

### **Account Balances:**

Your balance is due in full upon receipt of your monthly statement. This includes co-insurance, deductible and other services not covered by your insurance policy. If you have not paid this balance prior to your next visit, you will be asked to pay your balance in full prior to being seen at your visit. If your account is sent to collections for non-payment, you will be responsible for any collections costs plus your balance.

### **Self-pay Patients:**

If you do not have health insurance, payment in full is expected at the time of service.

### **Broken Appointment Charge:**

We ask that you give us at least 24 hours notice if you cannot make your appointment. If not, you will be assessed a \$25 broken appointment fee.

### **Form Fee:**

Due to high volume of forms, it is necessary that we charge \$15 to complete forms. Payment is expected in advance or at the time you drop off the form(s). Forms will be processed within 7-10 business days.

**Minors:** All minors under the age of 18 years of age are required to have a parent or guardian with them while being treated at our facility.

*We are happy to work with you in every possible way to assess each family situation. If you have any questions contact our billing office at (440) 845-6458.*

*Please sign below to signify your receipt and understanding of the above policy.*

\_\_\_\_\_  
**Patient or Responsible Party Signature**

\_\_\_\_\_  
**Date**