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FINANCIAL POLICY

This policy has been written in order to clarify what my expectations are about payment of your bill. It is important that you understand this document. At the bottom of this page, your signature will indicate that you have read and understand these expectations and have had an opportunity to ask any questions you may have.

It is your responsibility to keep this office updated about your address and any changes in your personal information. It is also your responsibility to update me immediately if your insurance changes.

I am pleased to file your insurance claims as a service to you, but I cannot be responsible for how your insurance company pays your claims.

It is important that you understand that if you have insurance, that policy is an agreement between you and your insurance company. Except in a few cases, I am not a party to that agreement. This office is currently contracting with the following insurance companies: **Blue Shield of Kansas, Century Health Solutions and Medicare.**

Co-insurance payments are due at the time of service.

Once your insurance company has processed your claim and payment is sent to this office, the contracted billing company will send a bill to you. Payment is expected at that time. If your insurance company has not paid your claim the way that you expected, that will be between you and your company. The account balance will still be due from you at that time. If necessary, you may arrange a payment schedule with the billing office. Monthly payments and regular contact are mandatory if a payment schedule is in place.

If you miss appointments or cancel with less than 24 hours notice, you will be charged full fee for the time reserved for you. **Missed appointments will not be billed to insurance and are the patient's responsibility.**

If your care requires frequent telephone contact, you may be billed for telephone calls. Insurance rarely pays for telephone contact but claims will be filed for you. It is important that you understand those charges, once processed, even when not paid by your insurance company, become the patient's responsibility.

In cases where there is a civil decree regarding medical expenses for children in divorced families, it is the responsibility of the parent who brought the child for treatment to handle the bill directly with this office, then handle reimbursement from the other parent independently. We will not send separate bills or be agents of enforcement of your civil decree.

Cases that are past due may be subject to collection action. If it becomes necessary to refer your case to collections, you will be responsible for attorney fees associated with that action.

As indicated at the beginning of this document, your signature below indicates that you understand and agree to these terms. Please address any concerns you have with me.

Patient Name

Responsible Party's Signature and Date