

-Jon R. Jacobs, M.D.

FINANCIAL POLICY

Technical breakthroughs have offered an array of procedures that can provide you with new opportunities and hope concerning your medical health and wellness goals. Unfortunately, insurance does not pay for some of these life-improving procedures. Peace of mind is knowing that you can afford your treatment without breaking the bank.

One of our main goals in the day-to-day operation of our practice is to be very clear in explaining your options regarding your medical care and treatment. We also wish to be very clear in explaining how we handle payment for the services we render.

In order to avoid any misunderstandings, please read the following summary of our Financial Policy:

Regarding Payment

We accept the following forms of payment: Cash, Check, and most Major Credit Cards.

Payment for services is due at the time services are rendered unless prior arrangements have been made with the Doctor and the billing receptionist.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and billing receptionist.

Checks that are returned to our office from your financial institution are subject to a \$30.00 returned check fee. This fee covers the processing fees that are charged to our office.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance will be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance co-pays and deductibles must be paid at the time of service.

Regarding No-Show Appointments

You as a patient are responsible for keeping your scheduled appointments. If a scheduled office visit appointment is missed without 24 hours notice of cancellation then your account will be charged a fee of \$25.00. If a scheduled office procedure appointment is missed without 24 notice of cancellation then your account will be charged a fee of \$50.00.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

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

Signature of Patient or Responsible Party

Date