# FINANCIAL POLICY FOR DR SIMON AND DR BRODKIN

**All patients/guarantors are responsible for payment at the time of service, unless prior arrangements have been made. It is your full responsibility to know your insurance benefits and if you're insurance company requires a referral for services. We accept check, MasterCard and Visa as forms of payment. A fee will be charged to your account, for all returned items from the bank.**

**Insurance Co-Payments:**

Insurance co-payments are paid at the time of service.

**A $10.00 billing fee will be added to your account if a copayment is not made at the time of service.**

**Deductible/Coinsurance:**

If you're insurance deductible is not met, full payment will be collected at the time the services are provided. If your insurance deductible is met, your coinsurance amount will be collected at the time services are provided.

**Private Pay:**

If you have no insurance coverage or your carry an insurance policy we do not have a direct contract with, full payment is collected at the time the services are provided. Interest on account is applied once your insurance has made payment, and the balance is the patient's responsibility, this office will bill the patient/guarantor on a monthly basis. After a 60 days cycle with no payment on the account an 18% charge of interest is added to your account every 30 days.

**Collections:**

**Once an account is placed in collection status all future services must be paid in full at the time of service, regardless of any insurance coverage you may have**. Any balances that are assigned to a collection agency will be assessed a 50% fee to offset the recovery expense.

**Medical Records/Disability Paper**

A $35.00 fee will be charged for all copies of medical records requested for personal use. A $20.00 charge for all disability forms to be completed will be billed to your account.

**Cosmetic Procedures:**

All cosmetic procedures and purchased products will be collected at the time of service.

**Laboratory Fee:**

Laboratory bills are billed separately from this office. Certain cultures are billed through this office depending on your insurance, you will receive a separate bill once your insurance has processed. Our staff can not quote laboratory cost under any circumstances. Laboratory fees are the patient responsibility. **It is the patient's responsibility to know their insurance benefits for all services including labs that are performed. Please check with your insurance before any services are done.**

**I have read and agree to abide by this financial policy.**

**Signature of Patient/Guarantor**

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| **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |

**Patient Reviewed**