



450A Century Park South ~ Suite 200
Hoover ~ Alabama ~ 35226
205-979-8030

FINANCIAL POLICY

- **AS A COURTESY TO YOU, WE WILL GLADLY FILE YOUR INSURANCE CLAIMS:** However, it is your responsibility to handle any problems with your insurance company. We will be happy to re-file any claims that you request after you have contacted your insurance company to verify that re-filing is necessary.
- **YOU ARE RESPONSIBLE FOR ANY DEDUCTIBLE, CO-PAYMENT, CO-INSURANCE AND ALL LAB CHARGES. CO-PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED.** Only Deductible and Co-Insurance will be billed.
- **ANY BALANCE NOT PAID BY YOUR INSURANCE COMPANY AFTER 60 DAYS IS YOUR RESPONSIBILITY.** Any balance over 90 days will be sent to a Collection Agency, unless other arrangements are made.
- We will do our very best to help you understand your insurance benefits, however, **WE CAN NOT GUARANTEE ANYTHING ABOUT YOUR INSURANCE.** All payment decisions are made by the insurance company upon their receipt of claim, based on your benefit plan. **It is your responsibility to know your insurance coverage.**
- **IF YOU ARE A SELF-PAY PATIENT, ALL FEES ARE DUE IN FULL AT THE TIME SERVICES ARE RENDERED.**

I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICY IN ITS ENTIRITY AND AGREE TO ADHERE TO ITS CONDITIONS.

Patient Name (please print) _____ Date _____

Patient Signature _____ Date _____
(Parent /guardian if patient is a minor)

Witness (Office staff only) _____ Date _____