

Financial Policy

Thank you for choosing Dr. Thompson as your surgeon. Dr. Thompson and staff are committed to providing you with quality health care. Because some of our patients have questions regarding payment and insurance responsibility for services rendered, we have developed this payment policy. Please review and sign this acknowledgment. A copy will be maintained in your chart.

Insurance: We participate in most insurance plans. If we are not a participating provider in your health plan, payment in full will be expected. If we are unable to verify your insurance coverage, payment in full will be expected. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you have regarding your benefits.

Co-payments, coinsurance and deductibles: All co-payments, coinsurance and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We do not bill for co-payments, coinsurance and deductibles. You will be given an estimate of your responsibility when a treatment plan is determined by Dr. Thompson.

Non-covered services: Please be aware that some services may not be covered by your health plan. Please review your policy for restrictions and non-covered services. Knowing your benefits is your responsibility. If you are unsure about your benefits, contact your insurance company.

Proof of insurance: We must maintain on file a current copy of your insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the visit.

Self Pay Patients: If you have no insurance coverage, payment is expected at the time of service. If you are scheduled for surgery, a deposit will be required. Financial arrangements are required in advance for any surgery.

Missed appointments: Your appointment is booked on available time slots. Our policy is to charge a fee of \$25.00 for missed appointments not canceled within 24 hours of the appointment time. Fee must be paid before next appointment is rescheduled. If you fail to keep your appointment for surgery, a fee of \$100.00 will be assessed and must be paid before the procedure will be rescheduled.

Claims submission: We will submit your claims and assist you in getting your claims paid. Your insurance may require information from you in order to properly process your claim. It is your responsibility to furnish requested information in a timely manner. Please be aware that the balance of your claim is still your responsibility. Your insurance benefit is a contract between you and your insurance company; we are not a party to the contract.

I have read and understand the payment policy and agree to abide by its guidelines.

Responsible Party

Date