



Thank you for selecting us as your health care provider. We are committed to your successful treatment. The following is a statement of our Financial Policy. Please read all sections of the policy. If you have any questions or concerns, please don't hesitate to ask.

UNLESS YOU ARE A MEMBER OF ONE OF OUR CONTRACTED PLANS, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS.

CONTRACTED PLANS

Even if Health Doctors, Ltd is contracted with your health plan, the majority of our members are still required to make some type of payment for service(s) rendered. This patient liability may be in the form of a co-payment, deductible, and/or co-insurance. Co-payments, deductibles, and co-insurance are requirements of your plan not The Health Doctors, Ltd. We are required under contract with these plans to collect these amounts from you.

HMO PLANS

Most of these plans require that you obtain a referral from your primary care physician prior to receiving any services in our office. If you do not obtain a referral from your primary care physician prior to receiving services, you have the option of rescheduling your appointment. If you keep your appointment and/or receive services in our office it is with the understanding that your health plan may not pay for charges related to the services provided by Health Doctors Ltd and that without a referral you will be responsible for payment of all charges.

SELF PAY/NON-CONTRACTED PLANS

Payment is due at the time of service unless prior financial arrangements have been made with our business office. All previous balances are expected to be paid in full prior to new services being rendered.

DIVORCE SITUATIONS

We look to the adult who has brought the child in for the appointment to be responsible for payment of the services which are rendered to the child. We expect the parents to be able to work out payment arrangement with one another. Our office staff will not participate in any disputes which may arise with respect to financial liability or responsibility.

MEDICARE

We do not participate with Medicare, therefore, you will be responsible for the balance in full.

(initial) **THE ESTIMATE WE PROVIDE FOR YOU IS NOT A GUARANTEE OF BENEFITS AS QUOTED BY YOUR INSURANCE CO. Health Doctors, Ltd. is not responsible for any misquoted benefits.**

If your insurance does not pay on a claim within 45 days, then you will be billed for the total amount remaining. You will be granted an additional 15 days to make payment. If payment is not submitted by the 16th day, you will be sent to collections agency with a 33% collection fee.

I have read the above Health Doctors, Ltd. Financial Policy Notification and understand my financial responsibility with Health Doctors, Ltd. I hereby affix my signature as an acknowledgement of this understanding.

Print Patient Name

Patient/Responsible Party Signature

Date