



INSURANCE AND FINANCIAL POLICIES

Thank you for choosing us for your health care. Our office is privately owned by the physicians of The Care Group P.C. If you have medical insurance that covers our services, we are happy to assist you in submitting your insurance claims. If you do not, payment is expected at the time of service. Co-pay, co-insurance or deductibles are your responsibility and are due at the time of service.

Insurance:

You are responsible for checking with your insurance plan regarding any co-payment, deductible or co-insurance that might be owed at the time of service. If you have any questions about your coverage, speak to your employer or contact your insurance directly. Please bring your health insurance card or policy information with you at the time of service.

In many cases we will be able to verify your coverage before your visit. If we are not able to verify insurance coverage, **payment in full is expected at your visit.** If your insurance company remits payment, you will be reimbursed.

BY SIGNING THIS AGREEMENT YOU AGREE TO PAY YOUR CO-PAY, CO-INSURANCE, DEDUCTIBLE AND ANY FEES THAT YOUR INSURANCE COMPANY DOES NOT COVER, AT THE TIME OF SERVICE.

Cancellation/missed appointments:

As a courtesy to other patients requiring services, we request that you provide notice of cancellation 48 hours in advance of your appointment. **Patients who do not give 48 hours notice may be charged a fee of \$75.00.**

Method of Payment:

We accept cash, checks, debit, Visa and Master Card.

Authorizations:

I have read the above information and agree regardless of my insurance to be responsible for the balance of my account. I agree to pay for all services rendered not covered by my insurance and to notify this office should there be any change to my insurance coverage.

Patient or Authorized Person's Signature _____

Print Name _____