



FINANCIAL POLICY

1. It is your responsibility to present your insurance ID card and photo ID at the time of your visit. In accordance with your insurance company's member handbook, it is your responsibility to provide accurate insurance information.
2. If you do not have an insurance or do not present a valid insurance card, you will be responsible for payment if valid insurances aren't provided within 15 days of service/ being notified
3. If your insurance plan requires a referral, it is your responsibility to obtain this prior to being seen by our physicians. If this referral is not obtained and your claim is denied the unpaid balance will be your financial responsibility.
4. All co-payments are due at the time of visit. Post-dated checks are no accepted.
5. The fee for a returned check is \$ 25.
6. You are ultimately responsible for payment of charges for services you receive.
7. Cancellations for any scheduled appointment or procedure must be received in at least 24 hrs. prior to the scheduled appointment. Patients who fail to keep and or cancel a scheduled appointment may be charged a \$25 No show fee
8. Medical record requests must be received in writing and at least 3 business days or 72 hours, whichever is greater, prior to the date needed. No fee will be charged to a patient requesting their medical record for the first time. Any additional requests made after the initial one will be subject to the fee according to the State of Ohio law. Fees must be received prior to record delivery. Medical records will be mailed to the authorized address. An official records release form must be signed by the patient prior to the release of records.
9. Codes and coverages change frequently and the doctors use best efforts to stay up to date on billing requirements. For proper malpractice coverage, we will bill codes for all services rendered.

Patient's Name: (print) _____

Patient's/ Guardians' Signature _____

Date: _____/_____/_____`