PATIENT ACCOUNT BALANCE POLICY

As a courtesy to our patient's our billing department will submit to your insurance for all services rendered at our facility. Your insurance company has verified that you are entitled to benefits under your current plan. Verification of benefits is not a guarantee of payment and **ultimately the patient is responsible for all services rendered.**

Deductible: 2 equal payments will be allowed to resolve the balance deductible associated with each individual patient's account. Extenuating circumstances are to be presented to the clinic director for review should you require a deviation from this portion of the policy.

Co-insurance: By law (643.395) we are required to bill and collect the deductible & co-insurance due to each patient who receives treatment. Affordable plans will be made available to accommodate your individual financial circumstances.

Payment due: Failure to make minimum monthly installments during active care may result in your balance being forwarded for collection.

Should you personally receive checks from your insurance company for payment towards your treatment **do not cash these checks,** rather endorse the back and present them within the week that they were received. We will be notified by the insurance company that they have sent payment directly to you so that you may bring the payment to the facility directly.

*Clinic policy dictates that $100 will be due monthly. The balance of this payment will be applied to your patient account balance as it accrues for treatments provided. The $100.00 monthly payment minimum is payable the 1st of each month.

Concerns regarding any inaccuracy in your billing will be handled immediately and must be submitted in writing so as to afford us the opportunity to clearly verify your concerns and exactly address any errors.

The clinics patient account balance policy was explained in detail. I fully understand the policy and agree to abide by the policy as outlined above.

Patient Signature _____   Date _____

PABP 2021