FINANCIAL POLICY

To avoid unnecessary cost increases, we ask you to help us avoid these expenses by paying your estimated part of professional fees in full at the time of your visit. This can be done with cash, personal single party check, Master Card, Visa, or Care Credit. Any outstanding balance on your account after 60 days will be subject to a 1.33% /month interest charge.

INSURANCE

As a courtesy to you, our office will file your insurance claims provided you have given us the correct information. Delayed or inaccurate information causes unnecessary duplicate paperwork and slows down insurance reimbursement. We request assignment of benefits on all insurance claims not paid in full. IF YOUR INSURANCE CARRIER DOES NOT REMIT PAYMENT OF THE CLAIM WITHIN 90 DAYS, THE ENTIRE BALANCE IS YOUR RESPONSIBILITY. We will be happy to assist your insurance company with any inquiries they may have, however, it is your responsibility to check on any outstanding claims. Insurance is a contract between you and your insurance company, we are only a third party to this agreement. The claim settlement is a percentage refund to you that rarely covers 100% of the fee. Due to complexities of insurance companies, we only estimate the portion they will cover.

It is our policy that the parent requesting treatment for a dependent is responsible for payment of services.

I have read the above and understand all fees are my financial responsibility.

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Responsible Party Signature Date

TO INSURANCE COMPANIES:

You are hereby authorized to pay direct to Dr Sidney Libfraind and I further authorize the doctor or his staff to give a report of my condition to you upon request in writing.

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Signature Witness