



TO OUR VALUED PATIENTS

We would like to welcome you to our practice and look forward to providing you with the finest health care.

We wish to provide you with quality health care, and we will be able to better service you if you familiarize yourself with your healthcare benefits. If you have questions regarding the limitations of your plan, please contact your insurance company for an explanation. Please be aware that when billing your insurance company your information is being sent electronically through the computer. It is **your responsibility** to know what is covered under your insurance. Also, third party payers, plan auditors, liability insurance and peer committees may have access to patient information.

CO-PAYMENTS: It has come to my attention in servicing members from several health plans that they are unaware that many health procedures, which are available under their health plan require a co-payment. These co-payments will be due and payable on day that services are rendered by our office. Payment can be made by check, cash or credit card (Visa or Mastercard only).

MISSED APPOINTMENT: There will be a \$25 charge for missed/No show appointments not cancelled 24 hours in advanced. The office has an answering service for after hours and on weekends for incoming calls.

FORMS: If there are any forms that need to be filled out by our Providers, please be aware that there is a fee.

If you have any questions, please feel free to ask our Providers and/or Staff for assistance.

If you have a complaint, please bring it to our attention in a courteous manner. We'll do our best to correct it.

Thank you for your courtesy when waiting is necessary. You too will receive the same careful attention that the patient before you is receiving during your wait. Often the wait is due to an emergency case being treated.

SIGNATURE: _____ DATE: _____

PRINT: _____ DOB: _____