

FINANCIAL POLICY

PATIENT PAYMENTS

Co-Pays and or **Deductibles** are due at the time of service. You may use check, credit card, or debit card to pay your account.

Wake Sleep has the right to refuse service if payment is not received.

INSURANCE PAYMENTS

Regarding insurance, your insurance policy is a contract between you and your insurance company. We require certain co-payment or prepayment amounts depending on the type of insurance and insurance carrier. **Be assured our office works diligently to obtain payment from your insurance company.** **However,** If we file your insurance, and the claim has not been paid for any reason within 60 days, we require that you pay the balance using one of the approved payment methods without exception. In the event that your insurance pays us after that time, you will be reimbursed.

INSURANCE COVERAGE

We make no claim to know what services your insurance covers. While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by *your* insurance is correct. It is your responsibility alone to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any questions about covered services. In addition, be aware that some and perhaps all of the services provided may be non-covered services by your insurance. You will be responsible for payment of all non-covered services at the time they are rendered. Finally, in the event you provide incorrect insurance information that delays payment, you may be asked to pay full billed charges and seek reimbursement from your insurance provider directly.

THIRD PARTY PAYORS

Our office does not bill third party payors such as PIP (Personal Injury Protection) for a motor vehicle accident, or attorneys.

RETURNED CHECKS

Our bank charges us whenever a patient presents a check that does not have funds available. Therefore, we must charge you a \$35.00 handling fee, and future visits must be paid with cash, credit, or debit card. We welcome the opportunity to discuss any aspect of our financial policy. Please ask our office manager or assistant office manager if you have any questions, comments, or concerns. We sincerely regret having to create such a policy and hope you understand our reasoning. We thank you for your support, and look forward to serving you in the future.

PATIENT AUTHORIZATION

I have read, understand, and agree to abide by the terms stipulated above. I request that payment of benefits be made to Wake Sleep. I hereby authorize the release of any information necessary to determine liability for payment and obtain reimbursement on any claim. I further authorize the use of my signature below on all insurance submissions for services rendered or to be rendered. I agree that a photocopy of this agreement shall be as valid as the original. This authorization shall remain valid until revoked by me in writing.

Signature _____ Date _____