

Financial Policy

Insurance Information

It is your responsibility to understand your insurance benefits, as your insurance is a contract between you, the patient, and your insurance company. If you feel that your insurance company has incorrectly denied your claim or the explanation of benefits (EOB) is incorrect, you must contact them to dispute this. Our office files with you primary insurance as a courtesy to you. Any discrepancies must be taken to the insurance company.

Patient information

Please notify our office of any changes in insurance, name, address, telephone, or beneficiary information. If the account is past due and we are unable to contact you via phone or mail, the account will be turned over to our collection agency.

Payment policy

All co-payments are due at the time of service. Other amounts, such as coinsurance, deductibles, or non-covered services are due in full thirty (30) days after insurance response. If you have no insurance coverage, and are considered "self-pay", full payment is expected at the time of service. If no payment has been received after sixty (60) days, the account will be forwarded to our collection agency. Our office accepts cash, personal checks, money orders, Visa, MasterCard, or debit card. Returned checks will have a \$10 fee.

Financial arrangements

If you are experiencing financial hardships, you must contact us immediately. You may arrange a payment plan with our office. If a payment arrangement is in place, we must receive payment every thirty (30) days. If no payment is received on the outstanding account after sixty (60) days, your accounts will be forwarded to our collection agency.

Billing errors

If you feel that a billing error has been made, you must notify us immediately. You may contact us at (615)376-0969. We will work to assure that the account is corrected accordingly. If we are not notified of the error, we will presume that all billing information is accurate.

Agreement/signature

By signing my name below, I certify that I have read the above information. My signature certifies my understanding and agreement with the above pictures.

Signature: _____ **Date:** _____