**Patient Financial Agreement**

Read the following and initial the line that best represents your insurance and/or financial responsibility.

\_\_\_\_\_\_ I do not have an insurance carrier and understand payment is due in full at time of service.

\_\_\_\_\_\_\_I would like the doctor’s staff to bill my insurance as a courtesy to me. I understand that my estimated patient portion is due at the time of service, and after insurance pays, any balance remaining is due immediately.

**Understanding the Insurance Process**

**Contracted Insurance**

* Our office is NOT contracted with every insurance company.
* If contracted, we accept the insurance company’s negotiated/allowable fees.

**Non-Contracted Insurance**

* Our office will bill and accept payment from many non-contracted PPO insurance companies.
* Patients are responsible for the difference between our fee and the insurance company allowable fee.
* Insurance companies use their Fee Schedule (NOT Dr. Nguyen’s fee schedule) when paying a claim.
* Subscribers can request a copy of the fee schedule from the insurance company; our office cannot.

**Policy Deductibles** – Deductibles must be paid before the insurance company will pay benefits.

**Maximum Benefits** - Insurance companies pay no more than the policy maximum benefit. Patients are responsible for any balance over the maximum benefit.

***FILING AN INSURANCE CLAIM IS NOT A GUARANTEE OF PAYMENT. AFTER THE INSURANCE PAYS, ANY BALANCE REMAINING IS DUE IN FULL***

**Missed/Cancelled Appointments** without a 24-hour notice will be charged a $50 cancellation fee. All future appointments will be charged a $50 deposit. The deposit will be credited toward your treatment that day; if you fail to give a 24-hour notice to cancel the appointment you will forfeit the deposit.

**Circle your method of payment:**

**Cash Visa MasterCard American Express CareCredit**

**Please ask your treatment coordinator for more information on any of these payment options. Balances after 90 days from the date of treatment will accrue finance charges at 18% APR. Patients are responsible for all finance, rebilling, collection and attorney costs on any unpaid balances.**

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*Patient Name (Print)* *Responsible Party Name (Print)*

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*Patient or Financially Responsible Adult Signature* *Date*