

Our UPDATED Self-Pay Payment Policy

We are committed to providing high-quality care and clear communication regarding financial responsibilities.

If you are considered **self-pay**, payment is due **in full** at the **time services are provided**.

You may be considered self-pay if:

- You do not have active insurance coverage.
- Your insurance cannot be verified prior to your visit.
- Your insurance is out of network or not accepted by our practice.
- The insurance information provided is incomplete or inaccurate.

At this time, we no longer offer payment waivers!

Insurance Information

It is your responsibility to provide current, accurate insurance information prior to your appointment.

If your insurance cannot be verified at the time of service, **you will be required** to pay as a self-paying patient.

If You Provide Updated Insurance

We understand that insurance information can change.

If you later provide valid and active insurance:

1. We will submit the claim to your insurance carrier.
2. Once payment is received and processed by our office,
3. Any overpayment you made will be refunded promptly.



Refunds are issued after insurance payment has been received and posted to your account.

Financial Responsibility Acknowledgment

By signing below, you acknowledge that:

- You are responsible for payment of services received.
- Payment is due at the time of service when classified as self-pay.
- Refunds (if applicable) are issued after insurance payment is received.
- You have received a copy of our self-pay rates.

We appreciate your understanding and the opportunity to care for you.

Patient/Responsible Party Signature: _____

Printed Name: _____

Date: _____

Patient's Name: _____ **DOB:** _____

