FINANCIAL POLICY:

Thank you for trusting us with your health care needs. Our practice is committed to providing the best treatment for our patients. As part of our service, we are working to contain the ever rising cost of health care. The following is a statement of our financial policy, which we require you read and sign prior to treatment.

PAYMENTS ARE ACCEPTED BY CASH, CHECKS, OR CREDIT CARDS.

All patients must complete our information and insurance form before seeing Dr. Asaadi. The patient must provide an insurance card with the correct address to submit claims to (if applicable). Our staff will also photocopy your current insurance card. If pre-certification or authorization is needed, please let us know in advance. It is always advisable to contact your insurance company prior to consultation. Please provide us with the appropriate information.

1. Our staff will file universal insurance claims on your behalf. Patients will receive a receipt for their payment that can also be submitted for reimbursement from their insurance carrier. **We do not participate in any medical health plans, including MEDICARE.**

2. All office visit fees are payable at the time of service. All surgical fees should be paid prior to any medical procedures.

3. All balances will be your responsibility. Please be aware that some, and perhaps all of the services provided may be a non-covered service and not considered reasonable and necessary under your medical insurance. **ANY BALANCES WHICH EXCEED 45 DAYS WILL ACCRUE INTEREST OF 1 AND 1/2 % PER MONTH.**

4. Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our patients.

Thank you for reviewing our financial policy. Please let us know if you have any questions or concerns. I have read the policy and understand and agree to the terms.

Signature: _____   Date: _____