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**Pine Eagle Clinic**

**Financial Policy**

**Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BASIC POLICY:** Pay for services due, and copay's in full at the time service is provided in our office.

**SURGERY FEES:** All copayments, deductibles, and payments for non-covered surgical procedures are due prior to your procedure. Prior authorization may be required by carrier.

**NON-COVERED SERVICES:** Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

**PERSONAL INJURY CASES:** This office may not have the ability for auto accident or other liability or lawsuit-related cases. You are responsible for payment at the time of service. We do not accept liens.

**WORKER'S COMPENSATION:** If your injury is work related, we will need the case number and carrier name prior to your visits in order to bill the worker's compensation insurance company.

**YEARLY HEALTH CHECKS:** Periodic preventative health checks may or may not be covered under your health insurance policy; however, may be required by your physician.

**MISSED APPOINTMENTS:** In fairness to other patients and the providers, we require at least 24 hours’ notice to cancel appointments. You may be charged for missed appointments or dismissed from the practice.

**COLLECTION FEE:** If your account is turned over to collections for non-payment, a $28.00 service fee will be assessed and added to your existing balance.

I have read, understood, and agreed to the above financial policy for payment of professional fees.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_