



OUR FINANCIAL POLICY

Our mission is to deliver the finest, most cost effective health care treatment available today. Following your diagnosis, Dr. Robison will advise you of his plan for treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we ask you to read and sign prior to any treatment.

Payment of today's visit and your future visits is due at the time of treatment. We are sensitive to the fact that some patients may not be able to pay cash for their treatment; therefore, we do offer several alternative payment options for your convenience.

1. Cash, check- 5% courtesy discount given for payment in full at the time of service.
2. Mastercard/ Visa/ Care Credit.
3. We offer an extended payment plan with prior credit approval. Please feel free to discuss these with Debbe if needed.

Regarding insurance

We accept assignment of insurance benefits after your initial visit. However, we do require your percentage of the bill to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. If your insurance company has not paid your account in full within 90 days, the balance will become your responsibility and due at this time. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your particular policy.

Usual & Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed appointments

Unless cancelled, at least 48 hours in advance, our policy is to charge for missed appointments at the rate of \$ 20.00. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy:

Signature _____ Date _____