

FINANCIAL POLICY — STONECREST FAMILY PHYSICIANS

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Payment is due at the time of service.
We accept cash, checks, or Visa/Mastercard.

Regarding Insurance

We file your insurance as a courtesy. The balance is your responsibility whether or not your insurance company pays. We cannot file your insurance if you do not provide us with a copy of your insurance card. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If we should file a claim for your child’s services and your insurance company has not responded within forty-five (45) days, you will be expected to pay the balance in full at that time. Please be aware that some, and perhaps all, of the services provided may not be covered under your insurance plan.

Regarding insurance plans where we are a participating provider- all copays and deductibles are due at the time of service. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to the above paragraph.

Usual and 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.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless accompanied by an adult.

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

Signed _____ Date _____