



ABOUT FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE

We are committed to providing you with quality care in a concerned professional environment. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. Our main focus is “your health and what is best for you,” rather than what benefits the insurance company. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Payment for services is due at the time services are rendered.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. Insurance companies base reimbursement on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Not all physicians participate in every insurance plan. If an out of network physician sees you, you may incur charges that your insurance company does not cover.
5. Returned checks will be subject to a \$50.00 administrative collection fee.
6. Failure to show for a scheduled appointment without prior notice of cancellation will result in a \$15.00 administrative charge.

IMPORTANT NOTICE: EFFECTIVE JULY 1ST, 2005

COMPLETE CARE CENTER WILL BEGIN ADDING A \$7.00 ADMINISTRATION FEE TO ALL PATIENTS WHO DO NOT PAY THEIR OFFICE VISIT COPAYMENTS AT THE TIME OF SERVICE.

PLEASE REMEMBER THAT WE ARE PRIVLEDGED IN PROVIDING A SERVICE TO YOU AND TIMELY PAYMENTS ARE EXPECTED AND APPRECIATED.

We must EMPHASIZE that as medical care providers, our relationship is WITH YOU and not with your insurance company. While the filing of most insurance claims is a courtesy that we extend to our patients, the charges are your responsibility from the date the services are rendered.

I agree with and understand the above.

Patient Signature

Date

Witness Signature

Date