

Office Policy

Dear Patient,

We believe that a clear definition of our office policies will allow both you and us to concentrate on the big issue – REGAINING & MAINTAINING YOUR HEALTH.

For patients with no insurance:

- All payments are expected at the time of service or at the beginning of each week. Patient balances may not exceed \$200 at any time; otherwise, professional services may be terminated.

For patient with insurance:

- You are considered a cash patient and responsible for all charges until; you give us complete insurance information & the office has had a chance to qualify and accept your coverage. Therefore, payment for today's initial visit is expected before you leave. For your convenience, this office accepts cash, personal checks, and Visa/MasterCard. If you have insurance and it does cover today's visit, the payment will be credited to your deductible and/or co-payment.
- Deductibles and co-payments are expected at the time of services or at the beginning of each week. Your co-insurance balance may not exceed \$200; otherwise, professional services may be terminated.
- If your carrier has not paid a claim within 60 days of submission, you are responsible to take an active part in the recovery of your claim and that after 90 days you will be responsible for the payment in full for outstanding balances on that claim.
- After 90 days, you authorize us to use your credit card to collect payment in full on that claim.

Type: _____ Credit Card # _____ Exp _____ Sec Code _____

All Patients: In an effort to provide you with quality service, this office uses authorized automatic monthly/bi-weekly/weekly credit card charges. This saves you time, decreases our paperwork, and allows us to focus on your health.

- Returned checks will be subject to an additional \$25 fee.
- **Venue & Jurisdiction:** It is understood and agreed that any dispute arising out of the relationship shall be governed by the laws of the State of Maryland, and that Baltimore County shall have venue in any legal proceedings.
- **Payment, Billing & Collection Expense:** Charges more than 30 days overdue will be subject to an interest charge of 1.5% per month. In the event of non-payment and the referral on the account to an attorney or third party for collection, an additional 33.3% of the owed balance (principle & interest) shall be assessed for collection and/or attorney's fees, in addition to any court costs associated with the collection.
- Charges may also be made for missed appointments and those canceled without 24 hours' notice.

We ask that you sign this form as acknowledgment that our policy was explained to you, that you understand it and that you accept full financial responsibility.

Patient's Name: _____ Signature: _____

Witness: _____ Date: _____