

Financial Policy

Our office is committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship.

It is important to understand that you are responsible for all charges that may occur during your visit. In addition to paying for any insurance co-payment at the time of your appointment, you may also be responsible for charges not covered by your insurance carrier. If your insurance carrier denies the medical claim, or any part of the claim, the patient and/or responsible party will be responsible for the bill per the insurance contract regulations. Your insurance company will also notify us of any patient responsibility for deductible or co-insurance. The patient and/or responsible party is ultimately fully responsible for the timely payment of the account. All balances are due within 30 days of notification.

If your deductible is not met, we will collect \$100.00 at the time of your visit towards the estimated patient portion due. After your claim has been processed, we will bill you for any patient remainder due.

As of January 1st, 2018, Dr. Martin and his office will no longer be contracted with Medicare and Medicare replacement plans. You will personally be responsible for the cost of your office visit and surgeon's fee. Should you have surgery with Dr. Martin, your 90 postoperative period will be covered by the surgeon's fee.

I have read the financial policy for the office and fully understand that I am ultimately responsible for all charges on my account. It is my financial responsibility to remit payment for any charges not covered by my insurance plan(s), including but not limited to co-insurance, co-payments, and deductibles. I understand that co-payments are due at the time of service and that other patient balances are due within 30 days of notification. I understand that I am fully responsible for the balance on this account.

Patient Signature: _____

Date: _____