NEIL MINIKES, MD

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OFFICE POLICY REGARDING PAYMENT OF SERVICES

In order to establish optimal relations with our patients, and to avoid misunderstandings regarding our payment policies, we ask you to read and sign the following:

Full payment is due at the time of service unless we participate with your insurance company. If we participate with your insurance company, your co-payment, if any, is due at the time of service.

If we participate with your insurance company, it is your responsibility to know the coverage and requirements of your policy. It is also your responsibility to provide the receptionist with all necessary information needed to process your claim, including, but not limited to:

1. Copy of a valid insurance card;
2. Member/subscriber's name and birth date; and
3. Valid referral, if required, from the patient's primary care physician.

If any of the above information is not available at the time of the visit, we may reschedule your appointment until the requested information is submitted to us. If a required referral is not presented, payment must be made at the time of service, and we shall not file an insurance claim.

After your insurance company processes a claim, we will bill you for any balance due to this office, such as for deductibles, co-payments and co-insurance. You are ultimately responsible to pay the entire medical bill, or the balance of the bill, if your insurance company does not pay the bill in whole or in part.

Your signature below indicates that you understand and accept this policy. Furthermore, your signature authorizes this office to release medical information necessary to process your insurance claims, and allows the use of the signature on file in lieu of your signature. You also authorize payment of medical benefits to this office.

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SIGNATURE OF PATIENT / LEGAL GUARDIAN | DATE

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PRINT FULL NAME