



Financial Policy

1. **As a courtesy to our patients, all insurance companies will be billed as long as acceptable insurance information is provided. Acceptable insurance information is defined as a valid insurance card or appropriate policy documentation.**
2. **All co-payments are due in full at the time of service. It is the patient's responsibility to know their co-payment amount or percentage. Co-payments not paid within 2 Weeks of an office visit may incur a \$10.00 service charge.**
3. If you have a workman's compensation or motor vehicle accident claim, it is your responsibility to provide us with all necessary billing information. Until we receive such information, the balance of your visits will fall to your responsibility.
4. A minimum deposit of \$100.00 or the actual charges, whichever is less, is due at the time of service for all self-pay patients. Any subsequent visit charges will fall under the same guidelines. If you cannot pay in full, you will need to set up a payment plan.
5. **Family Tree may attempt to collect outstanding family account balances. If you cannot pay in full, you will need to set up a payment plan. Delinquent accounts will be assigned to a collection agency or taken to small claims court.**
6. Whichever parent brings the minor child in for treatment will be responsible for payment of the bill regardless of your divorce decree.
7. Checks returned for non-sufficient funds will be charged a \$25.00 service fee and all future payments will need to be made using cash or credit card.
8. A \$50.00 fee will be charged for all second time and additional no show appointments, as well as all second time and additional appointments cancelled with less than 24 hours notice. Any fee applied is not payable by any insurance company.

Authorization to Release Information: I hereby authorize the undersigned Physician to release any information required in the course of my examination or treatment to my insurance company.

Patient or Patient Guarantor Signature

Date

Family Tree Employee Witness

Date