HIGH MOUNTAIN HEALTH, P.A.
Financial Policy

Thank you for choosing us as your health care provider. We are committed to quality care. Please understand that payment of your bill is considered your responsibility. The following is a statement of our Financial Policy that we require you read and sign prior to any services rendered.

- **FULL PAYMENT IS DUE AT THE TIME OF SERVICE**
- **WE ACCEPT CASH AND PERSONAL CHECKS WITH A VALID DRIVERS LISCENCE**
- **WE OFFER AN EXTENDED PAYMENT PLAN**
- **USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment of our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

PREVENTATIVE CARE
It is your responsibility to know your insurance benefits. Policies may or may not cover well care such as annual physicals, immunizations, sigmoidoscopy, mammography, and bone density screenings. You will be responsible for payment if such service is denied by your carrier.

ADULT PATIENTS: All adults are responsible for full payment at time of service.

MINOR PATIENTS: The adult (parent or guardian) accompanying a minor is responsible for full payment. In cases of divorce or separation, the parent accompanying the child is responsible for payment at time of service. We will provide you with a paid receipt.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Print Name: _____

Signature of Patient or Responsible Party: _____ DATE: _____

Filename: Financial Policy.doc
Directory: C:\Documents and Settings\Bill Carlos\My Documents\Business 9 06 08\High Mountain Health\COPY HMH Template 16592\HMH Website 09 08 08\site_swish\Patient Forms
Template: C:\Documents and Settings\Bill Carlos\Application Data\Microsoft\Templates\Normal.dot
Title: HIGH MOUNTAIN HEALTH, P
Subject:
Author: n.ciccolella
Keywords:
Comments:
Creation Date: 9/15/2008 6:27:00 AM
Change Number: 5
Last Saved On: 9/15/2008 3:58:00 PM
Last Saved By: william carlos
Total Editing Time: 8 Minutes
Last Printed On: 9/15/2008 3:58:00 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 270 (approx.)
Number of Characters: 1,456 (approx.)