# John Gould, PhD

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## *Financial Policy*

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

**All patients must complete our Patient Information Form before seeing the doctor.**

## PAYMENT IS DUE AT THE TIME OF SERVICE
## WE ACCEPT CASH, CHECKS, OR CARD

***Regarding Insurance:*** All co-payments and deductibles are due prior to treatment. We will file with your insurance company for the insured portion of any fees on your behalf. In the event your insurance coverage changes to a plan where we are not participating providers, you will be responsible for all fees.

***Usual and Customary:*** Our practice is committed to providing the best treatment for 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.

***Adult Patients:*** Adult patients are responsible for payment at the time of service.

***Minor Patients:*** The adult accompanying a minor and the parents or guardians of the minor are responsible for payment.

***Missed Appointments:*** Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. If you cannot meet the requirements described herein and the fee, please talk to our business office.

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By signing below, I certify that I have read, understand, and agree to this Financial Policy. In addition, I authorize the release of any medical or other information necessary to process my insurance claim.

_____ _____

Signature or Patient or Responsible Party Date

_____ _____

Signature or Co-Responsible Party Date