

Financial Policy

Thank you for choosing Richard N. Brown, M.D. as your health care provider. The following statement is our financial policy, which we require you to read and sign prior to treatment.

We accept assignment of Insurance benefits at the time of coverage. We accept certain letters of protection and patient liens for personal injury claims.

We cannot bill your insurance company unless you provide full and precise billing information at the time of service. Every effort will be made on our part to obtain insurance information from you prior to the time of your visit. You are required to bring supporting documentation with you at the time of your visit. If you fail to bring this information, you may be required to pay at the time of service or reschedule.

Please be aware that some or all services provided may not be covered by your particular plan. Should your plan not cover all services, you will be billed for the services not covered. Payment plans are available.

If your plan requires a co-payment, has a deductible or percentage you must pay, this amount is due at the time of visit, unless other arrangements are made with the business office. Failure to keep the account current will result in our being unable to provide additional medical services to you unless prepayment is made for services.

There is a \$25.00 service fee for checks returned for insufficient funds or closed accounts.

We accept cash, check, or credit cards.

Please notify us within 24 hours if you must cancel your appointment so that we may let another patient have your appointment time. **No Shows will not be tolerated, as this hinders the continuum of your care, and restricts the availability of care to others.**

I have read and agree to the above policy. I understand that regardless of my insurance, I am financially responsible for payment of services rendered by Richard Brown, M.D. of Rehabilitation Treatment, P.A. I authorize release of my information to my insurance company for payment of claims for services rendered. I assign all insurance benefits to Richard N. Brown, M.D., of Rehabilitation Treatment, P.A. This Authorization will remain in effect until revoked by me in writing.

Signature

Date

Parent Signature (If Minor)

Date