

## PASSER RESTORATIVE THERAPIES

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### FINANCIAL POLICY

We would like the opportunity to welcome you and let you know we are committed to providing you with the best possible care. So there is no misunderstanding as to what our Financial Policy is, please take time to read this information.

Insurance Billing: As a courtesy, PASSER RESTORATIVE THERAPIES business office staff will bill your insurance company (if we are in your Insurance Company's network). Please note that you, as the patient, are responsible for knowing the scope of your health benefits coverage. If you have any questions regarding your insurance coverage, or insurance copayment, please contact your insurance company for verification. It is your responsibility to make sure that we have current copies of your insurance card(s). *Any balance, after processing your claim by your carrier, is your responsibility.* If at the end of thirty working days your insurance has not remitted payment to us, we require you to contact your insurance company regarding your unpaid claim.

Co-Payment: All patient co-payments *are due and payable at the time of service.* Co-payments are a requirement of your insurance company and include any co-insurance and deductibles you may owe. *If you are unable to pay your co-payment(s) at the time of service, we reserve the right to reschedule your appointment until such time as you are able to pay your co-payment.*

Form of Payment: PASSER RESTORATIVE THERAPIES office accepts cash, check or credit (and debit) cards. If you pay by check, note that we have a *\$30.00 returned check fee.* Care Credit is also accepted.

Self- Pay: Those patients without health insurance are considered Self-Pay patients and are responsible for 100 percent of the cost of medical care at the time of service. (Care Credit is available for financing. (Care Credit is an option that allows you to make convenient monthly payments.)

Monthly Statements: PASSER RESTORATIVE THERAPIES statements are generated monthly via "cycle" billing. These statements are a request for payment of what is currently a "patient due" responsibility. *All patient balances are due and payable upon receipt of the statement,* unless special payment arrangements have been made with the business office in advance.

Appointment Cancellation: If you are unable to keep a scheduled appointment, kindly give us 24 hours' notice-as a courtesy to all other patients seeking medical care through PASSER RESTORATIVE THERAPIES. If you do not show for a scheduled appointment, or cancel or reschedule within 24 hours of the appointment, *we reserve the right to charge you for the missed appointment time (\$100.00).* To cancel or reschedule your appointment, please call 402-391-3800 anytime. After business hours, our answering service will notify our reception staff of your cancellation.

### AUTHORIZATION

I have read and agree to the terms and conditions listed above, and I hereby authorize the release of any medical information necessary to process my insurance claim and request payment PASSER RESTORATIVE THERAPIES, I understand I am financially responsible for charges not covered by my insurance. I further agree to pay the cost of collection and/or court costs and reasonable fees should they be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date