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Financial Policy

We appreciate the opportunity to provide medical services to you. Our goal is to keep your financial arrangements as simple as possible by timely filing all claims and by using the following guidelines:

1. You are ultimately responsible for payment of charges for services rendered at our office.
2. A fee of $25 will be added to your account for any check dishonored by your bank.
3. It is your responsibility to provide us with your current address, phone number and insurance information at each visit.
4. It is your responsibility to confirm with your insurance carrier that our doctor is "in-network" prior to seeing the doctor. If you choose to see a provider who is not on your plan, you are responsible for payment in full.
5. If you have an HMO insurance policy that requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to services.
6. All copays and deductibles are due at the time of service.
7. If you miss your appointment or cancel the appointment prior to a 24 hour notice no show fee of $50 will be applied to your account.
8. A $50 administrative service fee will be applied for forms to be filled out by the doctor. These forms may include FMLA and Disability.

By signing below, I acknowledge that I understand and agree with the terms of this financial policy. Furthermore, I authorize payment of benefits to the Arthritis & Rheumatology Center of South Florida for services rendered under the terms of my insurance policy.

Print Name:____________________________ Signature:__________________________________

Date:___________________________

If you are signing as the patient's representative:

Print Name & Relationship:____

Signature of Other:____