**MILLENNIUM MEDICAL GROUP, PLLC**

**FINANCIAL POLICY**

Payment is required at the time services are rendered. This includes applicable coinsurance, deductible amounts and copayments for participating insurance companies. Insurance benefits are determined by your employer and insurance company and not by your doctor. Insurance coverage is not a guarantee of payment. Your insurance and payment are ultimately your responsibility. We bill participating insurance companies as a courtesy to you, if you provide us with the correct required information. You will be required to pay for services rendered if this office is unable to verify your insurance information before treatment. For your convenience we accept cash, Visa, MasterCard, and Discover, personal (in-state only) checks or money orders. **Copayments are due at the time of service**. Our staff will ask you for any outstanding patient balances at the time of service. Patients who are unable to make their copayment at the time of their visit will be re-scheduled. Any extra costs incurred in attempting to collect balances due, i.e. collection agency fees, will be added to the amount owed to the practice.

If someone other than a minor’s legal guardian or parent brings the patient to the office to be seen, arrangements for payment should be planned for accordingly. If payment for services already rendered has not been paid in full within 45 days, either by you or by your insurance company**, the remaining balance for treatment is considered due and is collectable from you**. We reserve the right to charge and collect fees for broken appointments- appointments that are not kept or cancelled without 24 hours advanced notice. Appointments are reserved exclusively for you. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Excessive abuse of scheduled appointments may result in discharge from the practice. Overpayments will be refunded upon written request to the responsible party within 30 days. An overpayment may be applied to an outstanding balance or to future services if desired. There is a **returned check fee** of $40.00 that will be added to your account in the event a check payment is returned to us.

I have read, understand and agree to abide by Millennium Medical Group’s financial policy. All of my questions regarding this policy have been answered. This agreement cannot be amended, altered or superseded without direct written approval by Dr. Erin Kennedy.

Signature of Insured or Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_