



VARICOSE TO PERFECT

572 NORTH MAIN STREET  
SPRINGBORO, OHIO 45066

PHONE: (937) 748-8905  
TOLL FREE: (800) 716-VEIN  
FAX: (937) 748-8906

### FINANCIAL POLICY

We are committed to providing you with the best possible medical care; if you have special needs; we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

1. Our office participates with a variety of insurance plans. It is your responsibility to:
  - o Bring your insurance card at every visit.
  - o Be prepared to pay your co-payment at each visit. Payment can be made by cash, check or credit card. If you do not bring payment to your visit and we have to bill you, you will be assessed a \$10.00 processing fee.
  - o **For medical care not covered under your insurance, payment in full is due at the time of the visit.**
2. If you have insurance that we do not participate in, our office is happy to file the claim upon request; however, payment in full is expected at the time of service.
3. If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to the visit.
4. Referrals: It is your responsibility to bring any required referrals for treatment at, or prior to the visit. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
5. If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.
6. If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).
7. If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collections agency. You will be responsible for the fees assessed by the collections agency.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. Please sign that you have read and agree to this Financial Policy.

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Signature of Patient or Responsible Party

Date

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Signature of Co-Responsible Party

Date