
OFFICE POLICY

It is our goal to provide thorough, quality care to our patients. To reduce the cost of billing the following policies have been adopted.

1. **NO INSURANCE:** Payment for all services provided is expected at the time of service.
2. **INSURANCE COVERAGE:** You are expected to pay your estimated portion at the time of service. Health insurance is a personal contract between you and your insurance company. Our office will verify your coverage limitations and eligibility. This is *not* a guarantee of benefits. Should your insurance deny/reject your claim or you exceed your maximum benefits, you are ultimately responsible for all charges accrued on your behalf.
3. **ACCOUNTS WITH OUTSTANDING BALANCES:** You will receive a statement each month. The balance is due on the date indicated on the statement. If after 60 days payment in full has not been received, the account will be past due and a finance charge of 1.5% (18% APR) will be added to the account. Returned checks will subject to \$35.00 processing fee.
4. **OVERDUE ACCOUNTS:** The office of Dr. Teresa Kang does not carry balances for more than 90 days unless a specific payment plan agreement has been arranged. All accounts 90 days past due will be referred to a collection agency. In the event that collection proceedings are initiated, you will be responsible for any collection fees.
5. **BROKEN/MISSED APPOINTMENTS:** We require 24 hours notice to change or cancel an appointment. Appointments changed with less than 24 hours notice or missed appointments will be subject to a \$50.00 charge.

I have read, understand and agree to the Office Policy of Dr. Teresa Kang's office. I understand that I am ultimately responsible for payment of my account. I authorize payment of insurance benefits to this office.

Signature of Responsible Party: _____ Date: _____