

## **FINANCIAL POLICY**

THE FOLLOWING ADDRESSES SEVERAL POLICIES THAT ARE FOLLOWED IN THIS OFFICE REGARDING FINANCIAL/BILLING ISSUES. THIS OFFICE RESERVES THE RIGHT TO CHANGE OR TEMPORARILY SUSPEND THESE POLICIES AT ANY TIME.

### **SURGERY DEPOSITS**

IF YOU ARE SCHEDULED FOR SURGERY BY DR MARX A SURGERY DEPOSIT MAY BE DUE BEFORE SURGERY CAN TAKE PLACE. YOUR SURGERY DEPOSIT IS THE AMOUNT YOU WILL OWE THE PHYSICIAN IN ADDITION TO WHAT YOUR INSURANCE WILL PAY. THIS IS OUR BEST ESTIMATE AT THE TIME OF YOUR VISIT. AFTER YOUR INSURANCE PAYS THE PHYSICIAN, WE MAY OWE YOU A REFUND OR YOU MAY OWE MORE MONEY, DEPENDING ON HOW YOUR INSURANCE PAYS. IF YOUR SURGERY DEPOSIT IS NOT PAID WITHIN 3 BUSINESS DAYS PRIOR TO SURGERY, YOUR SURGERY WILL BE CANCELLED UNTIL PAYMENT IS MADE.

**YOU CAN PAY BY CASH, CASHIER'S CHECK, DEBIT OR CREDIT CARD.**

### **DISABILITY FORMS**

THERE IS A \$25.00 FEE TO COMPLETE DISABILITY FORMS. PLEASE ALLOW 7-10 BUSINESS DAYS FOR THEIR PROCESSING.

### **REFUNDS**

ANY REFUNDS OWED TO YOU THAT ARE \$5.00 OR MORE WILL BE REFUNDED TO YOU AS SOON AS POSSIBLE. THIS WILL BE DONE AFTER YOUR INSURANCE HAS PAID AND THERE ARE NO OTHER DEBTS OUTSTANDING. ANY BALANCES \$4.99 AND BELOW WILL BE CREDITED TOWARD YOUR NEXT OFFICE VISIT UNLESS YOU CALL THE OFFICE REQUESTING THE REFUND.

### **COLLECTIONS**

AFTER YOU HAVE RECEIVED 3 BILLS WITH NO REGULAR PAYMENTS PAID TOWARD YOUR BALANCE, YOUR ACCOUNT MAY BE SENT TO A COLLECTIONS AGENCY.

I \_\_\_\_\_ HAVE RECEIVED AND UNDERSTAND THIS POLICY.

DATE: \_\_\_\_\_