

## Cranial Kids OFFICE POLICIES

<b>APPOINTMENTS</b>	<p>Please be attentive to the date and time of your appointments, mark them on your calendar and realize that these times are important and valuable to all involved. When an appointment is made for you, we reserve a block of time specifically for you. We must ask that you give us the courtesy of 48 hours notice, if you cannot keep your scheduled appointment. We certainly understand that circumstances occasionally arise that prevent patients from keeping appointments.</p>
<b>OFFICE INSURANCE POLICY</b>	<p>Our policy is to assist each patient in receiving the maximum benefit possible from his or her particular insurance plan. Our office will gladly submit prior authorization to your insurance company in an effort to help you determine what orthotic or prosthetic services are available and covered under your insurance plan. Patients with insurance are expected to take care of their financial portion not covered by their insurance at the time of treatment.</p> <p>Our office cannot promise that an insurance company will agree with our fees as “usual and customary”. You will be responsible for any balance that your insurance company does not pay. We will not challenge your insurance company over the lack of or the amount of reimbursement for our services.</p> <p>From time to time, our office may experience difficulty in collecting payments from your insurance company. If no insurance payment has been received in 90 days, the balance will become your immediate responsibility. If we have no contractual agreement with your insurance company, we will then ask that you act in your own behalf to determine the problem.</p> <p>When making a health care decision, it is important to remember that you, the patient, are ultimately financially responsible for any services rendered. The insurance company can dictate which procedures it will cover, but it cannot dictate the choices you make concerning your orthotic or prosthetic care.</p> <p>If you have any questions with regard to your orthotic or prosthetic services or any of our financial policies, please let us know</p>
<b>FINANCIAL POLICY</b>	<p>Payment for orthotic and prosthetic services are due at the time treatment occurs unless other financial arrangements have been previously made. We will be happy to discuss any special needs in the handling of your account. We accept cash, check, Visa and MasterCard.</p>
<b>FINANCIAL TERMS</b>	<ul style="list-style-type: none"> <li>• I understand my insurance company may not pay for services that are not a covered benefit or are not medically necessary.</li> <li>• I understand that there may be benefit limitations, such as - but not limited to, deductibles and benefit maximums.</li> <li>• I agree to be financially responsible for all services provided by Cranial Kids.</li> <li>• I authorize release of any medical information necessary to process my insurance claim.</li> <li>• I authorize my insurance company to pay benefits directly to Cranial Kids.</li> </ul>
<b>SIGNATURE</b>	<p><b>I HAVE READ, UNDERSTOOD, AND HEREBY AGREE TO ABIDE BY THE OFFICE POLICIES OF Cranial Kids.</b></p> <p>_____</p> <p>PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE: <span style="float: right;">DATE: _____</span></p>