

Eisenman & Eisenman, M.D., LLC

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Patient Financial Policy

The following is a statement of our financial policy. We require that you read and sign this document prior to your treatment. In addition, we ask that you complete our Patient Registration form, including insurance billing information, before you are seen.

1. New patients who have insurance are expected to pay their coinsurance or co-pay responsibility the date they are seen. If their deductible has not been met, they are expected to pay in full up to the amount of their deductible at the time of service.
2. If you are a member of an HMO or PPO with which we participate, your co-pay or coinsurance is payable at time of treatment. If you belong to an HMO, you must have a referral before we can provide any services to you. **It is your responsibility to obtain that referral from your Primary Care Physician.** If you don not have a valid referral at the time of your appointment, you will have to be rescheduled.
3. Established patients with outstanding balances are expected to pay their balance in full before they are seen or treated for any routine services. No elective diagnostic or treatment procedure will be done for patients whose balance exceeds \$100.00. **Arrangements can always be made for financial hardships.**
4. Patients who were originally seen by one of our physicians in the hospital, and who came to our office for follow up services are expected to provide accurate insurance information, and responsible for referrals, co-payments, and coinsurance at the time of your appointment.
5. Patients may pay by: **cash, check, MasterCard, American Express, Visa, or Discover.** Patients whose checks are returned to us for non-sufficient funds will be fined a \$25 returned check fee and will have to pay the balance due by cash or credit card.
6. Patients who do not pay their balances, or have financial arrangements with us, and ignore our attempts to collect outstanding bills, may be sent to an outside source for collection of the balance.
7. Patients whose accounts have been sent to a collection agency will be discharged from our practice and will no longer be able to be seen. Exceptions will only be made if collection balance is paid.

Signature

Date

Print Name

Social Security #