

# Our Financial Policy

*We are dedicated to providing the best possible care for you. Having an easily understood financial policy will keep our collective focus on your health.*

1. Unless arrangements have been made in advance, payment is due at the time of service. We accept cash, checks, Visa and MasterCard.
2. An exception to this is if you agree (by signing below) to have your insurance company pay Dr. Degan directly. If your insurance company does not pay him within ninety days then you become responsible for the full amount. If we later receive a check from your insurer then we will refund any overpayment to you.
3. Many plans do not pay us until you have met your yearly deductible. If this is the case then complete payment is required at time of service. Of course, your co-payment is also required at time of service.
4. Cosmetic and preventive services are often not a covered benefit. If your insurance plan determines a service to be “not covered,” then you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. If you require Dr. Degan to complete any forms for you, there is a \$15.00 per-page fee. This includes, but is not limited to, a Physician’s Report, DMV physical forms, sports physical forms, and disability forms.
6. A monthly \$25.00 service charge will be assessed to all accounts overdue by more than 90 days and for any returned checks.

I have read and understand Dr. Degan’s financial policy and I agree to be bound by its terms and to immediately notify the office of any changes in my insurance coverage, address and phone number. I understand that it is my responsibility to know my insurance benefits including co-payments, deductibles and non-covered services.

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Signature of patient (or responsible party, if minor)

Date

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Please print the name of the patient