

FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your understanding of our payment policy.

You are responsible for the deductible and estimated co-payments when the services are rendered. If you have no insurance you are responsible for the entire balance unless the doctor previously approves other arrangements. We accept cash, checks, and most major credit cards. We will be happy to help you process your insurance claim form for reimbursement. If your insurance company provides claim forms for you, please bring the completed form to our office. We must emphasize that as a medical care provider, our relationship is with you, our valued customer, not your insurance company.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of usual customary and reasonable U.C.R. fees for this region. **Thus most companies consider our fees usual, customary and reasonable.** This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please read your enrollment booklet.

Balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½ % per month. Returned checks will be subject to a collection fee of \$27.00. Broken appointments and appointments cancelled without 24-hour notice will be subject to a \$15.00 service charge. If you think that you are going to be more than 30 minutes late for you appointment, we will be glad to reschedule you for another time.


In the event the patient or responsible party does not pay as herein agreed, and this matter is referred to a collection agency or an attorney for collection, the undersigned agrees to pay the cost of collection including reasonable attorney's fees. Purchaser further hereby waives all rights of exemption for personal property and wages under the laws of the state of Alabama.

If you have questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

ASSIGNMENT AND RELEASE FOR ALL INSURANCES

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. Edward A. Behmer all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible to the surgeon/physician for all charges incurred on behalf of this patient whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all of the information on this sheet. I certify that all information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the information I provided.

 _____ date
responsible party signature