

FINANCIAL POLICY

Thank you for choosing Kavita Rao, M.D. as your health care provider. I am committed to your care and treatment being mutual being mutually satisfying experience. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of my Financial Policy which we require you to read and sign prior to treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE

The doctors are providers for many managed care insurances in this area. You are responsible for your co-pay and / or deductible at the time of your service. My office will be happy to file the insurance claim to any insurance company which I am contracted with. I respectfully request that all minor emergency walk in patients pay at time service is rendered.

If I am not contracted with your insurance company the balance is your responsibility. You will be given the necessary information to be reimbursed for the visit.

The balance is your responsibility whether the insurance company pays or not. Your insurance policy is contracted between you and your insurance company. I am not a party to the contract. If your insurance company does not pay my claim within 45 days, the balance will be transferred to you.

Please be aware your insurance company will only pay for services that it determines to be "reasonable and necessary" under your insurance company's standards. You will be responsible for payment of those services in full and collection agency fees. Late or unpaid balances may be assessed interest charges and collection agency fees.

Unless appointments are canceled 24 hours prior to the scheduled time, you may be billed for an office visit.

Thank you for understanding my **Financial Policy**. If you have any questions, feel free to ask the receptionist or practice manager.

I authorize any holder of medical or other information that is necessary to process this claim to release my medical record to the insurance company listed above. I permit a copy of this authorization to be used in place of the original.

Signature

Date