



Financial Policy

I understand that if I am insured with an ONHM contracted company, ONHM is required to submit claims on my behalf. If we are not contracted with your insurance company, you may have out-of-network provider coverage. I also understand that I will be responsible for all charges whether or not they are covered by my insurance. You are responsible for knowing your own coverage. Some procedures may be considered non-covered services and I will be required to make payment in full at the time of service. I understand that there is a cancellation policy that I may be billed for missed appointments or appointments cancelled with less than 24 hours notice. There is a fee for phone and email consultations involving a new treatment plan as this is not covered by insurance companies. This fee is from \$55 to \$100 depending upon time and complexity. The pager service to reach the on-call doctor outside of office hours is a \$55 fee. NSF fee for returned checks is \$50. I understand that finance charges will begin accruing on accounts that are 60 days past due at a rate of 1.5% per month. I further understand that overdue accounts will be forwarded to an outside collection agency and I will be responsible for any fees generated as a result of collection efforts. I understand that guarantor is subject to the same financial terms as outlined in this paragraph and that my payment history, account balance and due dates may be disclosed to the guarantor for the purposes of securing payment. I understand that the guarantor, if someone other than myself, is not authorized to receive my medical information unless expressly authorized by me in writing.

I understand and agree with the above:

Print Name: _____ **Date:** _____

Signature: _____