

Stephen K. Waterbrook, M.D.  
Financial Policy

1. Payment is due at the time of service unless previous arrangements have been made with the office or your services are covered by a contracted insurance carrier.
2. We accept Visa, MasterCard, American Express, Discover, checks and cash.
3. Copays are due at time of service. Please provide the office with **current** insurance cards and information.
4. We do bill and participate in most insurance plans, including Medicare. Please keep in mind that your insurance policy is a contract between you and your insurance company. As such it is your responsibility to know the requirements of your particular insurance. This includes knowing your eligibility, co-pays, co-insurance and whether our office is a participating provider for your plan. In addition, it is your responsibility to know which facilities can be used for x-rays, laboratory studies, hospitalization and surgery and whether or not your insurance plan requires a referral or authorization. As a service to you we will bill your insurance directly and have your insurer pay the doctor directly. Then bill you for any amount the insurance company states you are responsible for. If your insurance company does not pay the practice within 45 days of billing, regardless of cause, you will be responsible for payment. All non-covered services will be your responsibility and payment is due at the time of service.
5. Prior to surgery you will be provided with cost information for Dr. Waterbrook's portion. Generally we are able to provide you with the patient's responsibility in advance. This may come in the form of copays, deductibles or percentages that your insurance company requires. Payment is due five days prior to your surgery. We understand that some surgeries are not planned. We are willing to work with you should you need to set up a payment plan prior to surgery.
6. FORM FEES. There is a fee for completing forms related to your care. Such as Disability Forms, EDD forms, Social Services Forms and some return to work forms. A \$15.00 fee is payable in advance of completing the forms.
7. Accounts over 90 days may be turned over to an outside collection agency, unless arrangements have been made with the office. You will be responsible for any additional costs, such as filing and legal fees.
8. LATE FEE. A late fee of \$6.00 will be assessed each month that your account is past due beginning at 30 days delinquent.
9. I have read and understand the practice's financial policy and I agree to the terms.

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Signature of patient

\_\_\_\_\_  
Date

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Please print patient's name

01/2019