

(Financial polices)

Patient Responsibility:

At the time of registration:

1. Patients without medical insurance are expected to pay for the patient visit at the time of registration at the front desk.
2. Patients with medical insurance are expected to pay the amounts related to their copays.

Upon completion of the visit:

Patients may be asked to pay for insurance deductibles.

Missed appointments and cancellations:

If you make an appointment and are unable to keep it, you are encouraged to call ahead of time to facilitate changing or cancelling the appointment, and to avoid a \$35.00 fee for a missed appointment that was not cancelled 24 hours in advance. This type of charge is not covered by medical insurance.

Patient Agreement:

I agree to assume financial responsibility for all charges incurred for services rendered, and agree to pay co-payments, amounts applied to deductibles, and unpaid balance of bills in accordance with the benefits of my current health insurance policy.

I understand that Joseph M. Porres M.D, does not bill workman's compensation or auto insurance companies, and agree to pay in full for services related to these types of insurance.

I authorize payment for all medical insurance benefits which are payable under the terms of my health insurance policy, to be paid directly to Joseph M. Porres M.D., for services rendered.

I certify that the information I have provided regarding my health insurance coverage is correct and current, and I authorize the doctor's office to verify coverage and benefits

By signing below, I acknowledge receipt of the financial policy of Dr. Joseph M, Porres

Patient or Legal guardian

Date