

O'Carroll & Associates, L.L.C.

Daniel T. O'Carroll, D.P.M., D.A.B.P.S.

Thank you for choosing us for your professional care. We are committed to the success of your treatment. The following is our Financial Policy which we require you to read, agree to and sign prior to any treatment.

PATIENTS WITH INSURANCE

O'Carroll & Associates are happy to submit claims for you to your insurance company. We will estimate what your portion will be based upon the percentages provided to us by your insurance company. Your estimated portion is due at the time of service. We do not accept any responsibility for having knowledge as to your particular insurance plans provisions. As a courtesy, we will wait for your insurance to pay the claim within 60 days. If an insurance claim is not paid within that time frame, the amount then becomes your responsibility. We will also submit secondary insurance claims for you. Any services not paid by these plans will be your responsibility.

PATIENTS WITHOUT INSURANCE

If you are not covered by any insurance policies, financial arrangements need to be made with our Practice Manager.

PAYMENT OPTIONS

All co-payments are expected at the time of service. In the case of a minor, the parent or guardian that accompanies the child is responsible for payment. For your convenience, O'Carroll & Associates, will accept personal checks, cash, Visa, MasterCard, and Discover.

APPOINTMENTS

O'Carroll & Associates reserves the right to charge a \$25.00 fee for appointments that are cancelled or broken on day of appointment. Also, a \$25.00 charge will be added for any returned check.

We would once again like to thank you for the trust you have placed in us. If you have any questions about payment, insurance issues or financial responsibility, please speak with of Practice Manager, Deana Mines.

I understand that any unpaid balances on this account are my responsibility and could be subject to collection proceedings and in the event would be subject to finance charges of 1% monthly and attorney fees. I have read, understand and agree to the provisions of this policy.

Date

Signature