

**Dr. Ronald Mandel D.O.**  
**Regarding our office policy...**

Welcome to Dr. Ronald's S. Mandel's office! We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read, and sign prior to any treatment.

All patients must complete our information and insurance before seeing the doctor.

**Please note:**

- Full payment is due at the time of service.
- We accept cash, checks, Visa, MasterCard, Discover, or American Express.
- We offer an extended payment plan with prior credit approval.

**Regarding Health Insurance**

We may accept assignment of insurance benefits upon verification of eligible benefits. At the time of service your co-payment and/or deductible are due. The balance of your account is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. **Co-payments and deductibles are due at the time of services rendered.**

If your insurance company has not paid your account in full within 60 days, the balance will be automatically billed to you.

**No Insurance**

Payment is due in full at the time of service.

**MediCare**

We accept assignment of benefits for all MediCare patients. Your deductible must be met at the time of services rendered. For services not covered by MediCare, the remaining balances will be the responsibility of the patient.

We aim to provide our patients with the best diagnosis and treatment. However, the health insurance plan under which you have certain benefits includes strict criteria for coverage of medical, hospital and other services. It is not always possible to anticipate when services will be covered or when services will be denied. Therefore, it is not safe to assume that your plan covers "everything". We recommend that you verify the benefits covered in your individual policy in order to prevent unhappy surprises.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy and responsibility statement above. I understand the above policy and agree to it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Late Payment of Balances**

All balances are due at time of services rendered. If you are billed to your address, all balances are due in full by the 30<sup>th</sup> of the month. There will be a finance charge of 1.5% (18% annually) added to your account. Payments not received in full may be subject to additional late charges, collection costs and legal (attorney's) fees. Returned or insufficient fund checks are considered late payments and are subject to a \$25 fine.

Signature \_\_\_\_\_ Date \_\_\_\_\_