Patient's Financial Responsibility

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our payment arrangements. Payment is due at the time services are rendered unless payment arrangements have been approved by our clinic staff.

PAYMENT OPTIONS:

- Cash, check, Mastercard, Visa, Discover, American Express, or ATM debit cards.
- Payment Plan (Please refer to the Payment Agreement Form).

Note: A $25 fee, payable by cash or money order, will be due for any checks returned for insufficient funds.

INSURANCE:

If you have medical insurance, your insurance company may require a medical referral or prior authorization before the start of treatment. We will bill your insurance company as a courtesy to you upon completion of each procedure rendered. By signing this document, you authorize the University of Pacific to submit claims on your behalf for reimbursement directly to the University. The contract for insurance exists between you and your insurance company. Any prior authorization by your insurance company is not a guarantee of payment. You are responsible for any and all copayments, deductibles, coinsurances, and the remaining patient balances. If your insurance company denies payment for any procedure for any reason, you will be responsible for the full cost of the treatment. You will be reimbursed for any overpayment on your contract due to insurance payments or adjustments applied to your account.

PAYMENT TERMS:

You are obligated to pay your account balance within 30 days of the receipt of your bill. If you are late on your payment, please contact our clinic financial staff immediately. Account balances not paid within 90 days and determined delinquent by the University of the Pacific will be sent to collections, and you will be responsible for any fees and penalties assessed to you by the collection agency.

If you have any questions about the above information, please do not hesitate to ask our clinic financial staff.

I have reviewed the University of Pacific's financial policies as stated above, and I understand, agree to be bound by, and accept the responsibility of cooperating with these policies. I understand that I will be responsible for all financial balances resulting from service or product received that is not paid by my insurance company or any third party payee.

Signed: _____ Date: _____