

## FINANCIAL POLICY

Payment is expected on the day of services are rendered. We accept cash, checks, Visa, MasterCard or Discover.

For those patients who are covered by insurance, we will be happy to bill on your behalf, whenever medically applicable. Any co-pays, co-insurance and/or deductibles as specified by your insurance policy will be collected on the day of service.

We verify your insurance benefits prior to your appointment when provided with the appropriate information ahead of time. So, if you have any questions about your coverage, please ask before services are rendered. Verification of insurance is NOT a guarantee of coverage. Medical necessity is up to the determination of your insurance provider. You, the patient, may be responsible for services rendered even if J. Brian Boyd, M.D. is contracted with your insurance policy.

We collect an **estimate** at the time of service. You may have an additional balance after your insurance processes our claim. Any outstanding balance that is your responsibility will be expected to be paid in full with 30 days of notification.

Thank you,

Kristine Nickel  
Office Manager  
J. Brian Boyd, M.D., Inc.

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I understand that will be expected to pay for all applicable fees the day of service.

I understand that I am responsible for any balances not covered by my insurance coverage.

I will assume responsibility of notifying this office of any changes to my insurance coverage.

I authorize the release of any medical or information necessary to process my claim.

I authorize payment of medical benefits to Jay W. Granzow for medical services rendered.

I have read and agree to this financial policy.

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SIGNATURE OF PATIENT/PARENT OR LEGAL GUARDIAN OF A MINOR

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DATE