



## Peter J. Kurtz, O.D.

801 First Street • Menominee, MI 49858 • (906) 863-2330

### Financial Policy Summary

As a courtesy to our patients, your charges will be billed to your insurance carrier. Please note all charges are your ultimate responsibility.

Co-payments, deductibles co-insurance and any non-covered benefits are to be paid at the time of service. Payments may be made by cash, check, Visa or MasterCard at the time of service.

Payment is expected at the time of service.

It is your responsibility to thoroughly understand the coverage of your insurance policy.

Denied claims for services are contracted problems between each patient and their insurance company. We will assist in sending in the claims, but it is your responsibility for any unpaid or denied balances.

In the situation of divorce, the parent bringing dependent children in for services will be responsible for the services rendered on that day.

I authorize the release of any medical or other information necessary to process the insurance claim. I also request payment of government benefits either to myself or to the party who accepts assignment .

A rebilling fee will be charged on all past due accounts.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_