

OUR FINANCIAL POLICY

To avoid confusion and misunderstanding between our patients and practice, the following financial policies have been established. Our practice is dedicated to providing the best possible care and service to you and consider your complete understanding of your financial responsibilities as an essential element of your care and treatment.

1. All professional fees including copayment, coinsurance and deductible are due at the time of service, unless other arrangements have been made in advance.
2. Services are rendered to the patient, not the insurance company. As a courtesy, our office will file your insurance if proper information is received.
3. In the event that your health plan determines a service to be 'not covered' you will be responsible for the complete charge. Payment is due at time of service or upon receipt of the practice statement.
4. For unpaid claims over 45 days, it is your responsibility to follow up with your insurance carrier & the balance due is considered due & payable.
5. Account balances over 60 days from date of service, will be charged a monthly late fee and interest on a monthly basis at a rate of 18% annually or the maximum annual interest rate permitted, whichever is lower.
6. Confidentiality is waived if Dr. Canasi reports unpaid services to various agencies/companies including credit reporting agencies.
7. It is your responsibility to notify our front desk staff of any insurance or address changes.
8. You will be responsible for any charges that occur if we are not notified.

Lifetime Authorization: I authorize Javier J. Canasi, M.D. P.A. to submit Medicare or other insurance claims using my signature on file below. I authorize the release of any medical information necessary in order to process this assignment on the claim. I authorize payment of medical benefits to be paid directly to Dr. Canasi for services described on the claim form.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

I have received a copy of Dr. Canasi's Privacy Rules
I have received Dr. Canasi's Welcome to Our Practice policies
[Published on Patient Portal <https://health.eclinicalworks.com/drcanasi>]

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

_____/_____/_____
DATE

(COPY OF INSURANCE CARDS & DRIVER'S LICENSE REQUIRED ON FIRST VISIT)