



2590 Park Center Blvd. Ste. 102  
State College, PA 16801  
Phone: (814) 231-7668

205 Cayuga Ave.  
Altoona, PA 16602  
Phone: (814) 201-2298

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **PAYMENT OF OFFICE VISIT IS DUE AT THE TIME OF SERVICE** unless you are instructed other wise by the financial coordinator after you have seen the doctor.
- **ALL INSURANCE CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE AND ARE ESTIMATES ONLY.** WE ACCECPT CASH, CHECKS, VISA/MC/DISC, CARE CREDIT
- **A \$35 RETURNED CHECK FEE WILL BE APPLIED TO ANY ACCOUNT** that has had payment returned to our office from our financial institution for any reason.

### REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits. An insurance claim will only be completed if we are furnished full insurance company information.

INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account. ALL ACCOUNTS OVER 30 DAYS PAST DUE WILL BE CHARGED A FEE OF 18% INTEREST ON THE BALANCE.

I acknowledge my copay is an estimate and I agree that if I do not comply with the provisions set forth regarding the payment policy of this office, and Dr. Hertzberg refers this account to its collection agency and/or attorneys for collection efforts, I will also be responsible for and agree to reimburse Dr. Marc Hertzberg for any and all reasonable collection fees, legal fees, filing services, service costs and disbursements incurred as a result of the collection effort.

Responsible party signature \_\_\_\_\_ Date \_\_\_\_\_