

PATIENT INFORMATION SHEET

KNEE CENTER OF WNY

FINANCIAL POLICY

We are committed to providing you with the best care, and in return, expect full and prompt payment for our services. Your clear understanding of the following policies and your responsibility is important to our professional relationship.

OFFICE VISITS AND SURGICAL PROCEDURES

- 1.) COPAYMENTS ARE DUE AT THE TIME OF SERVICE
- 2.) WE NEED A 24 HOUR NOTICE OF CANCELLATIONS OF AN APPOINTMENT OR THERE WILL BE A \$50.00 CHARGE.
- 3.) WE PARTICIPATE IN MOST INSURANCE PLANS. HOWEVER, INSURANCE IS PRIMARILY A CONTRACT BETWEEN YOU AND YOUR CARRIER. WE MUST COMPLY WITH THE RULES AND REGULATIONS OF YOUR POLICY. THEREFORE, ANY BALANCE DUE, PER YOUR CARRIERS NOTIFICATION, IS YOUR RESPONSIBILITY. PLEASE BE AWARE OF YOUR COVERED BENEFITS TO PREVENT BILLING PROBLEMS LATER.
- 4.)

FOR YOUR CONVENIENCE, WE ACCEPT MASTER CARD, VISA AND DISCOVER CARD FOR PAYMENT OF ALL CHARGES.

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I have reviewed & understand the above financial policy & agree with the stated terms. I also authorize direct payment of medical benefits to the Knee Center of WNY, PC & the release of medical information necessary for treatment, payment & healthcare operations.

SIGNED _____ **DATED** _____