

**PHILLIP A. KOHANOV, O.D., P.C.**  
**3833 24<sup>th</sup> AVE**  
**FORT GRATIOT, MI 48059**  
**TELEPHONE: (810) 985-5600**

**FINANCIAL POLICY**

We are committed to providing you with the best possible care and 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.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE OR WHEN MATERIALS ARE DISPENSED.**

**WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, AND DISCOVER.**

In extenuating circumstances, we can accept payments over the short term. The outstanding balance should be paid within two months of service. If the balance is not paid within three months, the account will be turned over to a collection agency. Please let us know if such arrangements are necessary. In the case of insurance, we will let you know your responsibility.

**REGARDING INSURANCE**

If you have insurance, we will help you receive maximum benefits. We will submit or help you complete forms so that you can be reimbursed by your insurance company to the extent of your coverage.

If your insurance company has not paid the FULL BALANCE within 45 days, you have 15 days to pay the balance. Late Payment Charges are added to unpaid accounts after 30 days from the date of service. If your insurance company pays more than the balance due, we will send a refund check to you immediately.

Insurance is a contract between you and your insurance company and 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, etc. other than to supply factual information as necessary. You are responsible for the timely payment of your account.

**MEDICARE/MEDICAID/CHAMPUS/**

If you are covered by Medicare, Medicaid, Champus, Worker's Compensation, or any other government sponsored program, please discuss your payment situation with our office staff prior to receipt of service.

**MISSED APPOINTMENTS**

Charges may be made for broken appointments and appointments cancelled without 24 hours advance notice.

Please let us know if you have any questions or concerns.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_