WRH PHYSICIANS, INC.

FINANCIAL POLICIES

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to initial treatment. We welcome the opportunity to discuss any aspect of our financial policies with our patients. Please feel free to contact our billing office at 330-923-6606 Monday thru Friday 8:00 a.m. to 5:00 p.m.

INSURANCE CARD
It is very important that we receive the correct insurance information. Please present all current insurance card(s) at the time of service. Due to the many changes that occur in insurance coverage, you will be asked to present this card(s) at each visit. We will make every effort to bill your insurance company based on accurate, current information presented to us at the time of service.

CO-PAYMENT
The insurance companies require that we collect the entire co-payment at the time of service.

INSURANCE PATICIPATION
WRH Physicians Inc. makes every effort to participate with insurance plans for the convenience of our patients; however, you are responsible for knowing your insurance coverage. Please verify your physician's participation, referral and pre-cert requirements with your insurance company prior to your appointment. WRH Physicians Inc. assumes no liability for non-coverage due to insurance participation and/or plan design. You will be responsible for any balance that results as out-of-network benefits or non-participating provided. We do not accept UCR from non-participating insurance companies.

APPOINTMENT CANCELLATION
There will be a $25.00 fee for all appointments that are not attended and not cancelled at least 2 hours prior to scheduled time. This charge is not covered by insurance companies. If a patient has three no-show appointments, it will be necessary for us to dismiss him/her from our practice.

PRESCRIPTION REFILLS
Please remember to obtain your prescription refills during your office visit. There is a $10.00 charge for calling or faxing a prescription into your pharmacy.

INSURANCE PAYMENT/PATIENT RESPONSIBILITY
After receiving payment from your insurance company, we will send you a statement for any additional patient responsibility. All balances billed are due within 90 days of the first statement. Unpaid balances greater than 90 are subject to the collection process.

NON-COVERED SERVICES
All services deemed non-covered services by your insurance company are the responsibility of the patient.

I have read the Financial Policy. I understand and agree to this Financial Policy. I verify the billing information provided is accurate and authorize release of any medical information necessary to process claims. I request payments be sent directly to the physician of the services provided when the physician accepts assignment of my insurance benefits.

I further understand and agree that my failure to follow this Financial Policy may result in WRH Physicians Inc. terminating my patient-physician relationship.

Patients Signature	Parent or Guardian Signature
Date	Print Signed Name