

Dr. Daniel Cameron and Associates

Daniel J. Cameron, M.D., M.P.H., P.C.

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FINANCIAL POLICY

Thank you for choosing Dr. Daniel Cameron and Associates (First Medical Associates) as your health care provider. We are committed to your treatment being successful. The following is a statement of our financial policy, which we would like for you to read and sign.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE, NO EXCEPTIONS.

WE ACCEPT CASH, VISA, MASTER CARD, DEBIT CARDS, AND DISCOVER CARDS.

WE WILL CHARGE AN ADDITIONAL 5 PERCENT INTEREST ON ALL DEBT OVER 30 DAYS.

Regarding Insurance:

If we are a participating provider of your insurance plan, we would appreciate that **all co-payment and deductibles be paid at the time of your office visit.** Any unpaid balance will incur monthly finance fees.

If we **do not** participate with your insurance plan, we would appreciate payment in full at the time of your visit. We will give you a receipt to submit to your insurance carrier for reimbursement.

Non-Covered Services:

Please be aware that some of the services provided today maybe non-covered services and not considered reasonable and necessary under your insurance plan. In such a case, these services will become your responsibility. **It is your responsibility to make sure your services are covered.**

Missed Appointments:

In this event that you cannot make your appointment with us, **we require 24 hours advanced notice.** Failure to notify our office, in advanced, at least 24 hours, will result in you being billed for that visit. Insurance will not cover a missed appointment fee. This will become your responsibility to pay before booking your next appointment.

Patient's or Authorized Person's Signature:

I authorized the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorized payment of medical benefits to the undersigned physician or supplier for services rendered. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. By signing below, I understand and agree to this financial policy.

Signature: _____

Date: _____