

STEFANO FUSI, M.D., MBA, F.A.C.S
Financial Policy

Please carefully read our Financial Policy. Our main concern is to provide you with the best possible care in a convenient, informative and helpful manner. If you have any concerns about our payment policies, please do not hesitate to ask our office staff questions.

1. Payment for office visits and any surgical procedures are due at the time service is rendered unless:
 - A. the doctor participates with your health plan
 - B. your health plan covers these services
 - C. special arrangements are made in advance

Fees for these services, along with unpaid deductibles and co-payments are due at the time of service.

2. We will accept cash, checks, Master card or Visa for payment. Returned checks will be subject to a returned check fee of \$20.00.
3. Charges are the responsibility of the patient or the responsible party. Your insurance policy is a contract between you and your insurance company.
4. Not all services are a covered benefit in all contracts. We can assist you in asking your insurance company if they will cover your treatment. If we do not participate with our insurance, you will be responsible for the difference your insurance company does not pay.
5. If the insurance company does not pay your balance in full within 45 days, we ask that you contact the carrier to help speed things up.
6. Patient balances older than 60 days are subject to an interest charge of 1.5% per month. In the event it becomes necessary to proceed with a collection action, you will be responsible for any reasonable attorney fees and collection costs.

We understand that temporary financial considerations may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, we thank you for choosing our office for your medical care. We hope that these efforts are helpful and informative.

We are grateful for the opportunity to serve you and appreciate your trust in us. I have read and fully understand all the terms, and statements contained herein.

Signature of patient/Responsible party

Date

Copy was given to patient