

## Financial Policy

- It is your responsibility to obtain appropriate referrals and authorizations (as required by your insurance company) **prior** to each visit.
- It is your responsibility to update your insurance information with us when there have been changes such as new cards with new I.D. and Group numbers or if you change to a different insurance company. If this is not updated and results in a no-pay from your insurance company then you will be responsible for the amount due.
- Co-payments, co-insurance, and deductibles are due at the time of your visit. Any amount not paid at that time will be billed to you; payment is due within two weeks.
- Your insurance policy is a contract between **you** and **your insurance company**. It is important that you understand its provisions. We cannot guarantee payment of your claims by your insurer. Rejection of all or a portion of your bill by your insurance company does **not** relieve you of the financial obligation that you have incurred.
- You are responsible for confirming that your insurance policy is current and up to date. You are responsible for all billed charges if your insurance coverage is not current.
- Dr. Kadi uses M.D. Anesthesiologists for all major surgical procedures. The anesthesiologists are not financially affiliated with Dr. Kadi. The hospital, pathologists, and labs are also their own entity and are not affiliated with Dr. Kadi. They bill separately for their services.
- We will be happy to file your primary insurance for you. We will also file your secondary insurance as a courtesy.
- There is a \$40.00 fee for all checks returned due to insufficient funds.
- If you fail to pay the balance due and your account is turned over to a collection agency, you will be responsible not only for the account balance but also for the collection agency's fee.

**I have read and understand the above financial policy for the office of James Kadi, M.D.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Legal Guardian Printed Name