



Financial Policy Statement

Welcome to Padder Health Services, LLC. We are pleased to have you as a patient and committed to providing you with the best medical care possible. In order to assist you in receiving the maximum benefits allowable by your insurance, we ask that you read and sign this statement.

1. All Patients are responsible to make sure their bills are paid in a timely matter.
You will be asked to pay your co- payment at the time of service.
2. As a courtesy to you, we may file your claim; however you are responsible For charges incurred from the date of services are provided, unless our Contract arrangement with your carrier states otherwise. It is very important you provide us with all the correct insurance information.
3. Our Office participates with most insurance carries.
4. If you have an insurance carrier that requires you to obtain a referral from your primary care physician, It is your responsibility to come to the office with the referral. Your insurance carrier without the referral will deny all claims.
5. If you have come to the office without a referral you must sign a referral waiver form.
6. In the event that you are without health insurance we are here to help you make payment arrangements.
7. You must notify us 24Hrs prior to your scheduled appointment for any cancellation or you will be charged a \$50.00 no show fee.

Our practice is here to assist you in any matter. In the event your account is turned over for collections, you will be responsible for any and all collection costs, interest, Attorney's fees and court cost. I have read, understand and agree to abide by the policies Padder Health Services, LLC

Patient's Signature or Guardian

Date

Please Print Patient Name