PALM BEACH FERTILITY CENTER
MARK DENKER, M.D.

FINANCIAL POLICY

Thank you for choosing the Palm Beach Fertility Center. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

In addition, we ask all patients to complete our patient information sheet including the insurance information before meeting with the doctor.

Regarding Insurance - On insurance plans where we are a participating provider, you will be asked to pay all co-pays and deductibles at the time of service. If your insurance company has not paid your account in full within 60 days, you will be billed for the balance. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered necessary under your medical insurance. If you have an insurance plan where we are not a provider, you are responsible for payment at the time of service.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

In the event you miss a scheduled appointment without 24 hour advance notice to our office, there will be a $50 charge to your account.

We accept cash, checks or VISA/MasterCard.

All patients agree to pay any additional charges to collect any unpaid bills including but not limited to reasonable attorney fees, court costs and collection agency fees. There is a $25 service charge on any returned checks.

By signing below, I affirm that I have read the above information and I also affirm that I understand all contents of this document.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____