



CHRISTOPHER J. BAKER, M.D. • DONALD L. BEHRMANN, M.D., PhD • MELVIN FIELD, M.D.
WILLIAM Y. LU, M.D. • PAUL D. SAWIN, M.D. • ALI CHAHLAVI, M.D.

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful and your experience in this office being pleasant. The following is our financial policy and we would appreciate you reading this carefully. Should you have any questions, please feel free to contact our billing department at (407) 539-3985.

We will not be able to complete our recommended treatment plan unless you understand and sign this form.

In most cases, we will bill your insurance for you. **Please understand that this is a courtesy to our patients.** Your insurance contract is between you and your insurance company. It is **YOUR** responsibility to understand the terms and benefits which are a part of your contract. We do require you to pay your co-payments, coinsurance or deductibles at the time of service. If you are unsure what your benefits are, you should contact your benefits department for verification prior to your visit with Drs. Baker, Behrmann, Field, Lu, Sawin or Chahlavi.

PLEASE NOTE: THIS OFFICE DOES NOT ACCEPT AUTO RELATED CASES OR WORKERS' COMPENSATION CASES.

In the event your insurance requires a referral from your primary doctor, it is **YOUR** responsibility to make arrangements with your primary care doctor's office to get that referral to us prior to your appointment. **If the appropriate referral or authorization is not in our office at the time of your appointment, you will be rescheduled until we receive this referral.** Being a specialist physician, we **cannot** render care to a patient without the authorization of the primary doctor.

If your insurance company has not paid your bill in full within 60 days, you will be expected to take care of that bill. Any balance due from you after your insurance has been paid will be due within 30 days from receipt of your statement. We will always send you a statement once your insurance company has paid its portion. In the event of a large balance due from an operation, we can arrange a payment plan suitable for all parties involved.

We will try our best to work with you to make paying your bill as easy as possible. We accept cash, checks, Visa, MasterCard and American Express.

I have read and understand the above policy, and I will adhere to it.

Also, I give my consent at this time to release my medical records and information to my insurance company, any hospital or any other physician involved in my care with Dr. Baker, Dr. Behrmann, Dr. Field, Dr. Lu, Dr. Sawin, or Dr. Chahlavi. I also authorize payment of medical benefits to my provider.

Patient Signature / Date