



William Bauer, MD, PhD, FAAN
Jacqueline Graziani, CNP

Brendan Bauer, MD

Steven Benedict, MD
Jenna Lizzi, PA-C

Nicole Danner, DO

5433 State Route 113
Bellevue, OH 44811
(P) 419-483-2403
(F) 419-483-8418

1674 Sycamore Line
Sandusky, OH 44870
(P) 419-483-2403
(F) 419-483-8418

34C Executive Drive
Norwalk, OH 44857
(P) 419-483-2403
(F) 419-483-8418

FINANCIAL POLICY

ALL PAYMENTS ARE DUE AT THE TIME SERVICE IS RENDERED. We accept cash, personal checks, all major credit cards, and health savings account payments. Returned checks or declined payments are subject to a **\$30.00 fee** and you will lose the privilege to pay with these payment methods at any of our locations. Insurance companies in which we are contracted with require ALL CO-PAYMENTS and DEDUCTIBLES ARE PAID AT THE TIME SERVICE IS RENDERED. Not collecting co-payments may constitute fraud under state and federal law.

PROOF OF INSURANCE: Patients are required to provide proof of medical insurance at EVERY visit. We must obtain a copy of valid photo ID and a copy of all valid insurance cards. If you fail to provide us with correct insurance information at each visit you will be responsible for full payment of all services rendered. If your **insurance plan changes**, please notify us before your visit so we can make the appropriate changes. If your insurance does not pay for a service that has been rendered, it is your responsibility to call for an explanation of non-payment.

NON-COVERED SERVICES: All patients should be aware that some services may not be covered by an insurance company if they consider the service not medically necessary. ANA will do whatever we reasonably can to prior authorize procedures and testing we order. We will NOT alter your claim, change your diagnosis, or report a different service than what was rendered in order to have your insurance cover the service. You are financially responsible for all services rendered.

CLAIM SUBMISSION: Our practice will submit your claims and assist you in any way we reasonably can to help get your claims paid. If your insurance company requires certain information, you may have to supply that directly and will be your responsibility to comply with their request. Please remember that the balance of all services rendered is your financial responsibility if your insurance pays the claim or not.

APPOINTMENTS: If you fail to cancel your appointment 24 hours prior to its scheduled time or do not show for a scheduled appointment, you will be subject to a **\$50.00 fee**. If you fail to cancel a procedure appointment 24 hours prior to its scheduled time or do not show for a procedure appointment, you will be subject to a **\$100.00 fee**. These fees are your responsibility to pay (not your insurance company) and will have to be **paid before you can reschedule**. If a NEW PATIENT does not show for 2 appointments or an ESTABLISHED patient does not show for 3 appointments, they will be **discharged from the practice**.

COLLECTIONS: On any insurance or patient balance over 60 days not paid will be considered past due and collection actions will be taken. We realize emergencies do arise and may affect timely payment on your account. If such an emergency occurs, please contact us immediately for timely payment arrangements. If it becomes necessary to collect any outstanding balance through an outside collection agency and/or an attorney, the legal guardian agrees to pay all reasonable costs of collection, including attorney fees, whether suite is filed or not.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS FINANCIAL POLICY:

PATIENT NAME (PLEASE PRINT)

PATIENT SIGNATURE (GUARANTOR SIGNATURE IF UNDER 18)

RESPONSIBLE PERSON (GUARANTOR)

DATE