



Dr. Alan D. Baribeau  
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## PAYMENT POLICIES

Please read the following Payment Policies before your appointment  
Our office files your insurance as a "courtesy"

If your Doctor is an "in-network" provider for your insurance,  
**YOUR COPAY MUST BE PAID AT THE TIME OF SERVICE**  
**ALL DEDUCTIBLES MUST BE PAID AT THE TIME OF SERVICE**

Please note...Each insurance policy is different. It is YOUR responsibility to know your policy.

If pre-authorization is needed, then it is your responsibility to notify our staff so we may obtain authorization. If authorization is not obtained, it is your responsibility to pay for all charges incurred.

Remember, your insurance policy is a contract between you and your insurance company. It is not a contract between you and your Doctors.

In order for us to process your insurance, we must have a current copy of the card on file. It is your responsibility to let us know if there is a change in your insurance information.

If you have any questions or are not prepared to pay for your appointment, please notify one of our office staff prior to your appointment.

If you are unable to pay for residual balances from previous dates of service you may be asked to reschedule your appointment.

There is a \$25 charge for NSF checks/debits.

\*Private-pay patients are expected to pay in full at the time of service.

By signing this document, I acknowledge that I have read and understand the Payment Policies:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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