



The Hand Center
OF WATERBURY

Patient Financial Policy

The following policy is included in our new patient registration form that our patients will complete at their first appointment. It is presented here for review only.

Financial Agreement:

I understand that any bills I incur at The Hand Center of Waterbury are ultimately my responsibility. I am responsible for any co-pays and/or deductibles as described in the terms of my insurance. If my insurance company or worker's compensation carrier denies my claim, if my motor vehicle accident insurance becomes exhausted, or if my medical insurance term runs out during my treatment here, I will take responsibility for all payments of any outstanding bills. If my balance remains unpaid after 60 days, I understand that an interest charge of 1.5% per month will be added to my balance. If my account is turned over to a collection agency, I will pay for all collection fees and/or costs.

If my insurance is part of an HMO or managed care organization, I understand that I will be responsible for making payments for any treatment I receive from a physician/provider at this office that may not be affiliated with my plan. I understand that my insurance plan may have a referral or authorization process that must be followed in order for services to be paid. I understand that I am responsible for payment of any care I receive beyond that which is authorized, and for any care I receive that is not covered under my plan.