Nick Sarrimanolis, MD LLC
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Fairbanks, AK 99701
(907) 451-1174

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to providing you the best possible medical care. Please understand that payment of your bill is important. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Regarding Insurance:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy, our office will bill your insurance for the services you receive. We cannot bill your insurance company unless you give us the correct insurance information. **It is your responsibility to inform us if your insurance coverage changes at any time during treatment.**

Your bill is ultimately your responsibility whether your insurance company pays or not. We accept Cash, Check, Visa and Mastercard. *(There is a $25 fee for any check returned from the bank.)*

Please be aware that some, or perhaps all, of the services provided may be non-covered services or considered above reasonable and customary fees under your medical insurance.

Patient Balances:

Payment is due at the time of service. We offer financing options if you are unable to pay in full.

- Any patient balance over 60 days will be sent to collections.

You agree to pay all collection and/or legal fees incurred in attempting to collect on this debt.

Thank you for taking the time to review our Financial Policy. Please let us know if you have any questions or concerns.

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*By signing below, you certify that you have read and understand the Financial Policy in **full.***

Patient signature ______________________________ Date ______________

Print name of patient ______________________________