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St Clair Health Office
1000 Bower Hill Road
Suite 213
Pittsburgh, PA 15243

Caste Village Office
5301 Grove Road
Pittsburgh, PA 15236

PLEASE READ CAREFULLY

This is a statement of our financial policy. You will understand that you are obligated to ensure that our fees are paid in full. You are responsible for payment of your bill. You agree that you will pay any deductible and co-payment or co-insurance as determined by your insurance plan. Those payments will be due at the time of service. Many insurance companies have additional requirements or stipulations that may affect your coverage. You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance. It is your responsibility to know your insurance coverage AND if we are in network with your plan.

ACKNOWLEDGEMENT:

I have read and understand the financial policy described above. I agree to pay, promptly and in full, any amounts due to the provider, including co-payments, deductibles, and amounts due for non-covered or services that are not payable by my insurance.

Patient Printed Name:_____ Date: _____

Patient Signature:_____ Date: _____

Authorized Representative:_____ Date:_____
(Use if patient is a minor or otherwise has an authorized representative)