

Financial Policy

Please review the following financial policy. We would be happy to answer any questions regarding your insurance payment issues.

Please remember our relationship is with you and not your insurance company. All charges are your responsibility. Your insurance carrier will only pay for services that it determines to be “reasonable and necessary” which may not be in keeping with the necessities of your health care.

We are happy to discuss with you all fees prior to provision of services.

We accept Cash, Checks and Credit Cards. Returned checks are subject to a 20.00 service charge.

I authorize my insurance benefits to be paid directly to Gary M. Berke MS, CP and I am financially responsible for all non-covered services.

I have read and understand the above policy.

Patient (or guardian) Signature

Date