

Penelope L. Shar, MD, LLC

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FINANCIAL POLICY

I believe that health care is a matter best kept between the patient and the doctor. Therefore I do not accept insurance or third party payment. Payment is expected at the time of service.

I will be happy to provide you with a receipt for services rendered and payments received.

I will not file claims to any insurance carrier. I will also not accept assignment or insurance benefits from insurance carriers. As far as Medicare policyholders, I have opted out of Medicare, and Medicare will not reimburse any of my services or testing that I order. Any payment from commercial insurance will be sent directly to you, the patient.

Your insurance policy is a contract between you, your employer and the insurance company. I am not a party to that contract. My relationship is with YOU, not your insurance company. All charges are ultimately your responsibility, whether your insurance company chooses to pay on your claims or not.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. In most cases, the majority of alternative and preventive medical treatments are not covered by insurance.

I realize you have a choice of which doctor to visit. I thank you for selecting me to be included in your health care, and I sincerely appreciate your trust in me. The opportunity to be of service to patients is something I take very seriously, and helping you attain your health goals is my number one priority.

By signing below, you acknowledge understanding of my financial policy, and you accept financial responsibility for your medical treatment with Dr. Shar. You recognize that many of the medical services rendered may not be covered by insurance, and you accept full responsibility for the payment for those services.

Patient Signature/Guarantor

Date