

## Fee for Service Payment Policy Agreement

The following is an outline of our offices payment policies and procedures regarding treatment for obstructive sleep apnea and bruxism treatment. By signing this document you acknowledge that you have read and understand the stated policies and agree to comply with the outlined payment terms.

### Insurance Claims

Your insurance policy represents a contract between you and your insurance company. In most cases, we are NOT a party of this contract. Our office will prepare and submit the claim to your medical insurance carrier on your behalf. In order to help expedite the process, we ask that you provide us with your medical insurance card, benefit booklet and documentation that relates to sleep breathing disorders. It is your insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay our office any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company or your insurance company pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provided by:

**AAFE SLEEP**  
A Collaboration of the AAFE and STAT2DS