

VEIN CENTER OF CENTRAL PENNSYLVANIA
HENRY D. TRAIN, M.D., F.A.C.O.G
Diplomat American Board of Phlebology
1465 Old Colonial Road
Harrisburg, Pa 17112
717 545-9472
Fax 717-652-6997

FINANCIAL POLICY

Thank you for choosing us as your Healthcare Provider. We are committed to providing excellent service and quality care. Please read and sign the following financial policy. Your signature is required prior to any treatment.

A "New Patient Information" form must be completed.

A government issued photo ID (driver's license/passport) is required prior to any appointment or treatment.

Full payment is expected at the time service is provided.

You are responsible for providing and furnishing us with prior authorization or pre certification for any services you receive as required under your insurance policy.

We will assist you with insurance claim filing. Keep in mind that your insurance policy is a contract between you and your insurance company. Insurance payment is due within thirty days. If not paid by your insurance company within that time period, you are responsible.

You are responsible for payment of all "non-covered" services regardless of insurance coverage. Cosmetic services are not billed to insurance companies.

We participate with the following insurance plans, however plans may be terminated with 90 days notice.

CAPITAL BLUE CROSS
HIGHMARK BLUE SHIELD
KEYSTONE
PRIMESOURCE
SENIORBLUE
GEISINGER

A FEE OF \$75 IS CHARGED FOR ALL MISSED APPOINTMENTS OR APPOINTMENTS NOT CANCELLED WITH 24 HOURS NOTICE.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

SIGNATURE

DATE