**North Franklin Internal Medicine & Pediatrics, PLLC  
Self-Pay Patient Acknowledgement Form**

Effective February 2020 all self-pay patients will be required to make a payment of $100.00 before their visit. This amount will be applied to the total charges for the visit. Once the visit is complete and charges have been assessed, any remaining balance will be billed to you on the next billing cycle. This balance is due and payable with 20 days from the date of the statement to be eligible for the 25% self-pay discount. If you are unable to pay the balance in full, please contact the billing department to set up a payment arrangement.

Thank you,

NFIMP Billing Department

(615) 721-9669

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 Printed Name of Patient Date of Birth

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 Signature Today’s Date615) 790-7992lling Departmentt. If you are unable to pay the balance in full, please contact the billing department to set up