

Policy of Payment for Medical Services

We are committed to providing you with the best possible care. If you have medical insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of your payment policy.

Co-payment is required at the time of service. We accept cash, checks, Visa, Mastercard, Discover and American Express. In the event that the courtesy of filing your insurance claim is extended to you, you must realize that all charges are your responsibility from the date the services are rendered. In the event that your insurance company does not cover your services, you will be responsible for payment.

A fee of \$30.00 will be charged for any returned checks.

A fee of \$25.00 will also be charged for any missed (NO SHOW) appointments.

Please sign below to indicate that you have read and understand our Policy of Payment for Medical Services.

Signature of Patient or Responsible Party

I hereby authorize the release of any pertinent information to my insurance company and other doctors involved in my case. If my account becomes assigned to a collection agency, I agree to pay all collection fees, court costs, and attorney fees. I understand that all accounts with a balance over 30 days will be assessed a 1.5% late charge per month on the unpaid monthly balance.

Signature of Patient or Responsible Party

