



I have received and read my "Notice of Privacy Practices" from Dr. Perri Wittgrove and Dr. Elise Brown.

Signature

Date

Print Name



- All payments are due at the time services are rendered. As a courtesy, Drs. Wittgrove & Brown will bill your insurance as long as your eligibility can be verified.
- A fee of \$50 will be assessed for appointments cancelled less than 24 hours and/or No Show.
- A \$25 Late Fee will be assessed to each service not paid at time of visit. This includes all Co-payments and any balances over 30 days.
- Should you have forms to be completed by your provider, please check with the receptionist to verify if fees are applicable. Fees must be paid prior to form completion.

Signature

Date

Print Name