

Kohn Medical and Weight Loss

5081 N. Rainbow Blvd. Suite 110
Las Vegas, NV 89130
Office (702) 487-6500
Fax (702) 487-6501

FINANCIAL POLICY

Payment is due in full at the time of service. We do bill most insurance companies as a courtesy to you, but you are fully and ultimately responsible for all charges incurred in the event that your insurance company should choose not to pay your claim. Deductibles, co-pay, and co-insurance are due at the time of service. We accept personal checks with a valid picture ID and guarantee card. WE DO NOT accept any out of state checks. There is a \$25.00 charge for all returned checks.

It is your (the patients) responsibility to verify that the Physician you are seeing is on your provider list. If you are a member of an HMO/Managed Care Organization, you are required to follow the rules and guidelines that have been established. You as a patient are responsible for your portion of the physician's charges as described in your benefit plan.

An account becomes delinquent when the minimal monthly payment has not been received within 30 days of the statement date.

An account referred to a collection agency will be charged for all incurred collection costs.

I understand the above information, and understand that I am fully responsible for any balances and/or charges on my account.

Name Print

Signature

Date