

FINANCIAL POLICY

- 1) It is our office policy that all services rendered in this office are charged directly to you, the patient, and that you are personally responsible for all payment, regardless of whether or not this office accepts insurance assignment.
- 2) All payments are expected at the time of service unless other arrangements are made in advance. Your balance may not exceed \$150.00 at any time.
- 3) All insurance assignment patients must pay their deductible in full and the co-insurance at the time of service. Insurance assignment patient's balance may not exceed \$150.00 at any time.
- 4) All returned checks will be subject to a service charge of \$25.00. Account balances over 30 days past due will be subject to interest charges of 3% per month.
- 5) All accounts not paid within 90 days will automatically be put through on your credit card and/or turned over to a collection agency.

I have read and understand the above policy:

Patient Signature _____

Address _____

Home Phone# _____

Work Phone# _____

Credit Card Information:

Type _____ Number _____ Expiration Date _____