

PATIENT FINANCIAL RESPONSIBILITIES:

The patient (or patient's guardian, if minor) is ultimately responsible for the payment for treatment and care. We are pleased to assist the patient by billing to our contracted insurers. However, the patient is required to provide us with the most current and updated information about your insurance, and will be responsible for any charges incurred if the information provided is not correct and updated.

Patients are responsible for the payment of co-pays, co-insurance, deductibles, all other procedures and or treatments not covered by the patient's insurance plan at the time of visit. For the patient's convenience we do accept cash, check, and most major credit cards at our office. If payment is not made at time of service there will be a \$9.00 service fee for all deductibles, co-pays and services that are billed.

Patients may incur, and are responsible for the payment of additional charges at the discretion of the Practice Administrator.

These charges may include (but to not limited to):

Charge for return checks:	\$35.00
Charge for missed appointments without 24hour advance notice of cancellation	\$35.00
2 nd missed appointment	\$70.00
3 rd missed appointment	\$100.00
<i>After the 3rd consecutive "NO SHOW" appointment you may be discharged from practice</i>	

Charge for extensive forms of completion are as followed:

All forms must be completed with patient's information prior to doctor's viewing of paper work, otherwise forms will be returned until completed.

FMLA	Doctors discretion up to	\$75.00
Disability Forms	Doctors discretion up to	\$75.00
Driver's Disability		\$75.00
RTA Form		\$25.00
Handicap License/Plate		\$10.00
Letter		\$10.00
Prescriptions (Fee for controlled substance RX without office visit appointment)		\$5.00
<i>Any cost associated with collection of patient balances will be added to account</i>		

Charge for the copying and distribution of patient's medical records are as follows:

Attorney's and Patient's requesting Medical Records

\$1.00 per page for the first 25 pages, .50 cents 26-350 pages, 350 pages upon .25cents, plus handling fee and postage will be added after records have been finalized.

Payment is due prior to mailing or pick up of records by form of credit card or cash.

Charge for extensive phone consultations and/or after hour's phone calls requiring diagnosis treatment or prescriptions.

Patient Print Name _____

Signature _____

DOB _____

Date _____