



PATIENT RESPONSIBILITY AGREEMENT

Updated July 15, 2019

Payment is expected at Time of Service

For all patients, payment of insurance **co-pays, deductibles**, and services not covered by insurance are to be paid for at the time the service is rendered.

There will be a \$5 billing fee charge to cover our administrative mailing costs if payment is not made at the time of service. Also, anyone submitting insurance paperwork after the original date of service will be charged a fee of \$5.

You are responsible for any balances not covered by your insurance, including rejected claims. While every effort will be made to submit claims in accordance with insurers' requirements for payment, in the event of a dispute or rejection, you as the insured or guarantor are responsible for payment.

Insurance claims not paid within 90 days after the original date of service will become the responsibility of the patient/insured.

PAYMENT RESPONSIBILITY FOR DIVORCED/SEPARATED PARENTS

The person who brought the child in for services is responsible for payment. This office cannot be responsible for collecting from any other individual.

OTHER FEES

- Cancellation fee for all orders is \$50
- Returned check fee is \$40
- All coupons must be presented at time of service
- Payment responsibility for missed appointments \$50 fee
 - To avoid this fee a 24 hour notice is required
 - This payment is the responsibility of the patient: insurers do not cover this fee

I acknowledge that I have read, understood and agree with this payment policy.

Print Patient Name:

Signature (Patient/Guardian)	Date: Click here to enter a date.
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