

Financial Policy

To avoid any misunderstanding, we are providing you with this copy of our office's financial policy. Please be advised that your payment is expected at the time services are rendered unless PRIOR arrangements have been made. For your convenience, you may pay by VISA, Mastercard or American Express. If you have health insurance with a plan that we participate in, you will be responsible for paying your co-payment at the time of service. If your plan requires a referral, it is your responsibility to obtain one from your doctor.

Thank you for your cooperation and promptness concerning this matter.

By signing this from, I certify that I have read, understand and agree to foregoing policy.

Patient/Guardian Signature

Date

Patient/Guardian Printed Name