

Financial Policy

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help patients experience good health and we wish to spend our time and energy towards that end. Therefore, I would like you to know about our financial policy:

- **Payment is due and payable at the time of your visit, unless satisfactory arrangements have been made in advance.**
- **We accept only cash or check (for patients who have a co-pay, co-insurance, deductible and cash paying patients).**

PLEASE NOTE:

There is a \$25 fee for all checks returned due to Insufficient Funds.

I understand this Financial Policy and agree to abide by these conditions.

Signature _____ Date _____