



PAYMENT POLICY

Payment is due at the time services are rendered. If payment cannot be made at the time of each visit, we request that an “Automatic Payment Authorization” form be completed. This will enable us to automatically withdraw payments monthly from your credit/debit card account (Visa, MasterCard, Discover, or American Express) for any outstanding balances due.

If we are filing your charges to an insurance company under a policy in your name, we will not calculate your outstanding balance due until we have received an explanation of benefits from that insurance company defining what the patient’s responsibility actually is. If the insurance company is unable to process the charges due to pending the claims for additional information that was requested from the insured, and they state they have received no response from the insured after 60 days from the date their first request was sent, the charges will be considered your responsibility.

For all “self pay” accounts (charges not submitted to an insurance policy in your name), unless other **written** arrangements have been made, services cannot be performed until they have either been paid for at the beginning of each visit or the “Automatic Payment Authorization” form has been completed and signed.

ACKNOWLEDGEMENT

I have read and understand the above payment policy:

X _____
 Signature of Responsible Party Date

 Printed Name Patient/Client Name