


## Payments, Co-Pay, Deductibles, and Fees

1. All office visit payments, co-payments, and deductibles are to be paid at the time of service.
2. All surgical procedure payments, co-payments, deductibles, and deposits are to be paid at the time your surgery is scheduled.
3. A fee of \$30.00 is to be paid prior to all disability, insurance, work related forms, and letters of medical necessity that are filled out by the doctor.
4. A work release after surgery will not be issued if you have an outstanding balance.
5. A fee of \$30.00 will be assessed for all returned checks.
6. **Cash, Checks, and Money Orders ONLY are accepted in the office.** 
7. If the patient does not have insurance coverage at the time of office visit or surgery, the patient is responsible for all charges for the care provided.

*I have read, understand and agree to abide by the above policy.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date