

Patient Name: _____

DOB: _____

Payment Policy

Payments are due in full on the date of service, prior to being seen for the visit. This amount is an estimate based on your insurance coverage and may be adjusted after a review of your claim by your insurance.

Outstanding balances are also due in full prior to your appointment.

Patient signature_____
Date

Reason for Visit Policy

Please note that, in accordance with your insurance carrier, new concerns cannot be addressed on the date of a preventative medicine exam. Should you have a concern (i.e. insomnia, joint pain, fatigue, weight gain) that falls outside of preventative care (i.e. mammograms, blood pressure screening, diabetes screening, lipid screening, vaccinations) you will be responsible for your customary office visit fee based on your insurance coverage. This is per all insurance carriers and standard billing.

Patient signature_____
Date