

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your contract with your insurance carrier. We expect these payments at time of service.

Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer.

If your insurance carrier denies any part of your claim, or if you or your physician elects to continue past your approved period, you will be responsible for your balance in full.

I understand and agree to the above financial policy:

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Signature of Patient

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Date