

**Signature on-file**

**Patient Financial Policy**

**Patient Guidelines and Expectations**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree that I am responsible for the payment of any and all charges incurred as a result of this or any subsequent office visit(s). I also understand and agree to accept responsibility for payment for all insurance deductibles and any incurred expenses not covered by my insurance carrier.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree that I am responsible for the payment of any and all charges incurred as a result of this or any subsequent office visit(s) for any minors under my legal care treated at this office. I also understand and agree to accept responsibility for payment for all insurance deductibles and any incurred expenses not covered by my insurance carrier.

My Signature below confirms that I have read and understand the Patient Financial Policy and Patient Guidelines and Expectations form. I understand all specifications in both documents.

I certify that I was offered copies of both documents at my visit.

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Patient / Legal Guardian Signature Relationship to Patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date