



PAYMENT POLICIES

- **IT IS THE RESPONSIBILITY OF THE GUARANTOR AND/OR PARENT ON THE ACCOUNT TO KNOW HIS/HER INSURANCE PLAN. IF YOU ARE UNSURE WHAT YOUR INSURANCE WILL COVER AT ANY GIVEN OFFICE VISIT, PLEASE CONTACT YOUR INSURANCE COMPANY FOR BENEFIT AND PAYMENT INFORMATION.**
- **GUARANTOR AND/OR PARENT ON THE ACCOUNT IS RESPONSIBLE FOR BALANCES NOT COVERED/PAID BY YOUR INSURANCE PLAN.**
- **CO-PAYS, DEDUCTIBLES, OUTSTANDING BALANCES ARE DUE AND PAYABLE AT THE TIME OF SERVICE. THE PARENT OF A MINOR CHILD WHO BRINGS THE CHILD FOR THE APPOINTMENT IS RESPONSIBLE FOR PAYMENT OF THE CO-PAY.**
- **THERE IS A CHARGE FOR TELEPHONE TREATMENT, AFTER HOUR CALLS REQUIRING A PHYSICIAN CALL, NO-SHOWS AND APPOINTMENTS NOT CANCELLED 24 HOURS PRIOR TO SCHEDULED APPOINTMENT. THESE SERVICES ARE TYPICALLY NOT COVERED BY INSURANCE PLANS AND GUARANTOR AND/OR PARENT ON THE ACCOUNT IS RESPONSIBLE FOR PAYMENT.**
- **CAMP FORMS, DISABILITY FORMS, LETTERS TO INSURANCE COMPANIES, COPIES OF MEDICAL RECORDS, ETC., ARE NOT A FREE SERVICE AND WILL BE CHARGED FOR AT THE TIME FORMS AND/OR LETTERS ARE REQUESTED BY THE PATIENT/PARENT/AND OR GUARANTOR ON THE ACCOUNT.**

Guarantor/Parent Signature

Date