



## FINANCIAL AGREEMENT

We believe everyone benefits from a clear financial agreement prior to procedures being rendered. We are happy to provide you with an estimate of the expected charges prior to your surgery. We have listed below our guidelines for financial policies within our office.

Insurances will be filed as a courtesy, with estimated patient payments due at the time of service. Please keep in mind that insurance policies are a contract between you and your carrier. We will be glad to help provide appropriate documentation, but can in no way guarantee benefits.

Parents bringing a child will be deemed financially responsible. We will not bill an absent parent for charges. Any balance extending beyond 120 days with no activity will be referred to a collection agency. Any additional charges and/or court fees will be added to the account balance. Also, there will be a fee from our collection agency for returned checks.

Please be advised that if a biopsy is obtained, the specimen will be sent to an independent pathology lab. This will result in a separate charge; you will be billed directly from the lab for these services. We do not participate with medicare or medicaid.

I certify that I have read this document and agree to the terms stated.

I will be paying today with \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_ debit card

X \_\_\_\_\_

Signature

Date

Social Security #