



Consents and Agreements - Please read - print name and sign

- All office visit fees must be paid at the time of visit (if your insurance does not cover office visits, or if you have no insurance) including co-pays, and deductibles. As a courtesy, we will submit x-rays, surgeries, procedures to one insurance carrier if we are not a member of that panel or a participant. *If these submissions are not processed and paid within 60 days from the date of service, then all fees will become your responsibility.*
- Patients are responsible for all insurance plan referrals requirements, HMO requirements, out network processes and other restrictions that may apply to their policies.

_____ I give permission for evaluation and treatment of my condition. I will inform the office of any treatments or procedures that I do not desire, at any time, or while options of care being discussed

_____ I acknowledge that I am personally financially responsible for those charges not totally covered by insurance. Any invoices not paid when due will be charged a service charge (minimum five dollars) and 1&½ % interest per month (18% annually) and any direct costs (eg . Postage, certified fees)

_____ I am aware that charges are made for missed appointments or those without twenty four hours notice of cancellation. An answering machine is available 24 /7 .

_____ For past due accounts, managed via the magisterial district justice courts, I am aware that the customer is also liable for all collection costs, including court costs, office processing costs, and attorney fees.

Patient Signature & Printed name [initial above lines]

Signature of Parent (if minor child / child insured via parent) or POA or Spouse if patient unable to sign

Please indicate if you are paying co-pay or non covered service by _____ **Cash** _____ **Check**

Special Note for out of town parents. If you are giving permission for your child to use your insurance, and if you want to be directly billed and responsible for co-payments, deductible charges and any other costs, please additionally sign here and provide both parent names, addresses, phone numbers, and any other information
