



PATIENT FINANCIAL POLICY

Patient's Name: _____

- A. All patients are responsible for payments on their accounts regardless of any third party payer.
- B. No patient may have a personal balance of over \$100.00 at any time.
- C. All payments for services are due on the date services are rendered. Unless special arrangements have been made.
- D. All patients with any personal balance must make a payment every week.

Patient's Signature

Date

Witness Signature

Date