



SELFPAY, AUTO AND WORKMAN'S COMP POLICY

SELFPAY

1. A **\$100.00** is required at check-in for every visit. If you pay in full at the time of service, we offer a generous discount for all in house costs. All visits not paid in full at the end of the visit will be billed for the full, undiscounted price.
2. Any labs, imaging or testing done by a third party biller is the responsibility of the patient. Patient's always have the right to consent to or deny testing **prior** to services being rendered.
3. If you are unable to pay your bill in full and need payment arrangements, we are happy to work with you to set up a payment plan. Payment plans are only arranged for the full balance. The **\$100.00** deposit is still required at each check in.

AUTO/ WORKMANS COMP

1. If you are being seen for an injury related to Auto or Workman's Comp, we can no longer accept or bill to Auto Insurance or Workman's Comp as form of payment. If you pay in full at the time of service, we offer a generous discount for all in house costs. All visits not paid in full at the end of the visit will be billed for the full, undiscounted price. We are happy to provide you with any documentation necessary, for you to submit to your insurance.

[] I have read and understand the above Self Pay Policy and agree to be financially responsible for the following patient.

Print Patient Name

_____/_____/_____
Patient's Date of Birth

Printed Name of Legal Guardian, if other than patient

Relationship to Patient

Signature of Responsible Party

Date of Service