

## **FINANCIAL AGREEMENT CASH PAYMENT**

We would like to take a moment to welcome you to our office and assure you that you will be receiving the very best care available for your condition. In order to familiarize you with the financial policy of this office, we would like to explain how your medical bills will be handled.

### **PAYMENT ARRANGEMENTS**

It is our policy, in this office, to maintain your account on a current basis. Charges for treatment are due at the time the service is provided. Any unpaid, outstanding charges will be sent to collections after 30 days.

If this arrangement becomes inconvenient for you, please see our office manager so that other payment arrangements can be made.

### **VOLUNTARY TERMINATION OF CARE**

If you should choose to suspend or terminate your care and treatment, any outstanding fees for professional services rendered to you will be immediately due and payable. Any unpaid, outstanding charges not paid within thirty (30) days will be sent to collections.

We hope that this has answered any questions you might have regarding your financial arrangements. Once again, we would like to welcome you to our office. If, at any time, you have any questions about your care, please don't hesitate to ask.

***I have read and agree to the above.***

**Patient Name** \_\_\_\_\_

\_\_\_\_\_  
**Patient's Signature** **Date**