



Self-Pay Policy

The following packet is provided to you as a self-pay patient. It includes a copy of our self-pay policy, card of file agreement, and our service fees. The requirements listed below are standard for all self-pay patients.

- A credit card must be kept on file for all fees for all fees to be collected according to the self-pay agreement form signed.
- All charges are due at the time services are rendered. Charges are based on the complexity of the visit and are determined at the time of service.
- After check-out, any balance due will be charged to the credit card on file. An email notification and receipt will be sent with a balance total within 1-2 business days.
- Payment plans are only available for unexpected office visit charges, depending on the balance due.
- Laboratory and out-of-office diagnostic testing costs may be incurred and billed by third party providers. For your convenience, a list of common laboratory tests from the lowest-cost company is included. Our company does not have authority over these costs and are unable to provide adjustments or make payment plans for patients. Patients are encouraged to contact the third-party companies directly with questions.

Please initial *all* of the following:

- I agree to keep my credit card on file and understand that it will be charged for the services provided by Alliance Obstetrics & Gynecology Group if choosing self-pay.
- I understand that all charges are due at the time services are rendered.
- I am aware that any laboratory or out-of-office diagnostic testing costs will be billed by third party providers and I accept financial responsibility for these costs.

Authorization and Release

I have read and fully understand the Self-Pay Policy as outlined above. I am aware that I am financially liable for all services provided to me, my dependents, or any other person for whom I have assumed responsibility.

Printed Name

Signature

Date