

Private Pay Patient

If you are not covered by insurance or prefer to file your own insurance and pay cash for medical services provided, please complete and sign the form below. We require a guarantor signature for all minors, full-time students or other dependents.

Unless *Prior Arrangements are made, **payment in full is expected at the time of service**. You may pay cash, check, or with credit card. After each visit, our business office personnel will speak privately with you and calculate your payment due for that day's medical care.

*If you wish to discuss a payment plan or have questions about fees, please let the receptionist know and you may speak privately with our business manager.

I prefer to pay cash, check or credit card for any office charges. Bills and receipts will be provided to me if necessary and I will file the insurance claim myself. If this account is assigned to a collection agency or attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection. The undersigned guarantor secures and warrants the timely payment of the obligations of the patient as set forth above.

Date:

Patient Name (print):

Patient Signature:

Guarantor Name (print):

Guarantor Signature:

Witness Name (print):

Witness Signature:

Guarantor Address:

Guarantor Home Phone #:

Guarantor Work Phone #:
