113 Scenic Outlet Lane, Mount Airy, NC 27030
Phone: 336-352-4900 Fax: 336-352-4901

Self-Pay Patient Agreement

As a self-pay patient, Challie A. Minton, MD PC will not be billing insurance or any other third-party payer. I am responsible for $60.00 deposit as an established patient, or $80.00 deposit as a new patient (first visit or not been seen in the last 3 years). I understand that my office visit may be more than my deposit based on the number of problems or physical complaints that I have, time spent by the clinician, problem complexity and additional services I receive.

Self-Pay Discount for Labs

Challie A. Minton, MD PC is offering the discounted self-pay option to you on labs to make it more affordable for you. There are processing fees that are involved with handling these pay options with labs. A $10.00 processing fee will be added with the cost of your labs. As self-pay patient, I am responsible for the total cost of my self-pay lab work and fee at the time of my appointment.

By signing below, I agree to the terms mentioned above.
Patient Name (Print) _____ Date of Birth _____

Patient Signature or Patient's Representative _____Date _____

*****The section below will be filled out by a staff member in the office, if needed. *****

Self-Pay Patients to Pay

Date of Service _____

Today's **estimated** charges:

▢ New Patient Visit $_____
▢ Established Patient Visit $_____
▢ Lab work $_____
▢ Other Cost _____ $_____
▢ Outstanding balance from previous visit $_____

Total Balance for Today $_____

Amount Paid Today $_____

Amount Due $_____

I am responsible for the amount referenced above. I understand that today's charges are an estimate and I will be billed for any additional charges not listed above. I understand that my account will go into collections if the amount is not paid in 120 days from the date of service. Once at collections, I understand that my account will be reported to the credit Bureau if not resolved in 45 days.

Print name _____ Date _____

Patient Signature or Patient's Representative _____