

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our "Financial Policy" is important to our professional relationship.

- All patients must complete our "Patient Information Form" before seeing the doctor.
- The adult accompanying a minor and his/her parents (or guardian) are responsible for payment.
- **FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED** (unless prior arrangements are made).
- We accept cash, checks, Visa, MasterCard and Discover.
- There will be a \$25.00 charge for returned checks.

How do you plan to pay for today's services? Cash Check Charge Payment Plan

AGREEMENT TO PAY

I (we), undersigned, accept full financial responsibility for the treatment performed by this office, Insurance forms will be completed as a convenience to the patients. Should the services of an attorney be required for collection of this account, I (we) agree to pay reasonable attorney's fees, court costs, and other costs of collection.

Signature of Patient or legal guardian: _____
Signature – Responsible Party _____
Signature – Responsible Party _____

If I request that payment is set up on a time plan, I authorize Dr. Bunner to check my credit. They will receive the agreed payment on my account each month until my account is paid in Full. Should the services of an attorney be required for collection of this account, I agree to pay reasonable attorney's fees, courts cost, and other costs of collection.

SIGNATURE OF PATIENT

OR LEGAL GUARDIAN _____ DATE _____

I understand the treatment planned for me and authorize the release of any information related to my insurance claim. I also authorize any group insurance benefits payable to me to be made directly to Dr. Bunner.

ASSIGNMENT OF INSURED SIGNATURE

_____ DATE _____

I understand that a missed appointment fee of \$50 per hour will be charged if a 48 hour notice is not given. _____ initial.