

FAMILY DOCTORS OF GREEN VALLEY
Financial Policy (Self Pay)

Please **READ** and **INITIAL** all of the lines:

_____ I understand that Family Doctors of Green Valley can provide me healthcare services on a cash basis.

_____ I understand that all payments for services are due at the time of check-in. If any additional services are provided during my visit with the physician, I will be responsible to pay them at the time of check-out. If I am not prepared for the additional cost, I will make an arrangement with the Patient Services/Check-Out clerk.

_____ I understand that if a check I have written to Family Doctors of Green Valley is returned by my bank, I will be responsible to pay the amount of returned check and an additional \$20 returned check fee within 10 days of receipt of notice from Family Doctors of Green Valley.

_____ If paying by credit card or debit card, I authorize Family Doctors of Green Valley to charge my credit card or debit card for any additional services incurred during my office visit, unless other arrangements have been made.

_____ I understand that if I do not pay for any balances for my services with Family Doctors of Green Valley, within 60 days of my date of service my account may be turned over to a collection agency. At this time, a \$25 collection processing fee will also be added to my account. Individual circumstances will be considered and financial payment arrangement can be provided.

_____ I understand if any lab work is ordered by a Family Doctors of Green Valley physician, the lab fees are due and payable at the time of service.

I have read the financial policy, and I understand and agree with this financial policy.

Signature of Patient or Responsible Party

Date

Print Name of Patient