

PATIENT INFORMATION							
FIRST:		MI:		LAST:		DOB: :	

At The J Parry Clinic, we are committed to providing you with the best possible care and we are dedicated to helping you receive your maximum allowable benefits from your medical insurance. In order to do this, we need your assistance in understanding of our Financial Policy and we will need you to ensure we have your most up to date information.

Payment for services is due at the time of service, unless payment arrangements have been approved in advance by our Office Manager. **We accept CASH, CHECKS, MASTERCARD, VISA, DISCOVER and AMERICAN EXPRESS.**

Returned checks are subject to a \$30.00 NSF FEE. Non-payment of returned checks may result in your termination as a patient of the J. Parry Clinic for Facial Plastic Surgery & Aesthetics.

If you are planning to schedule a procedure that is not covered by your insurance, a cosmetic procedure, please be advised that half of the cost of the procedure must be paid up front to schedule the procedure date. The other half of the procedure cost must be paid in full on, or before, the procedure date. This payment must be made upon arrival for your scheduled procedure. Failure to pay will result in a cancelled procedure and a rescheduling fee may be assessed.

If there is a divorce involved, please remember that our policy requires that regardless of which parent is responsible for the bills, **PAYMENT IS DUE AT THE TIME OF SERVICE.** The person that brings the child to the office for the appointment is expected to make the payment. As you should be able to understand, we will not get involved with divorce disputes. Please feel free to discuss this with our Office Manager if you have any questions.

Auto accident claims will either be paid at the time of service or be billed through your medical insurance coverage.

We will submit your insurance forms for you with a current signature on file permitting us to do so, remember that:

1. Your specific insurance plan is a contract between *you, your employer and your insurance company*. We are not a party to that contract.
2. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services that they will not cover.

We must emphasize that as a provider of medical services, our relationship is with you, not with your insurance company. While the filing of patient insurance forms is a courtesy we extend to our patients, all charges are your responsibility from the date the service is rendered.

We are not providers for Workers' Compensation care and therefore do not do any Workers' Compensation paperwork or billing.

We realize that temporary financial problems may affect your timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We are committed to ensuring you receive the best care available to you and will work with you to help resolve any issues.

Patient Signature _____ Date: _____