



1350 S. Eliseo Drive, Suite 200, Greenbrae, CA 94904
7120 Redwood Boulevard, Novato, CA 94945
(415) 925-5000 Fax (415) 925-5050

FINANCIAL AGREEMENT

We need your assistance and your understanding of our payment policy. We will bill your insurance company. If requested, payment for services is due at the time services are rendered. We accept cash, checks and credit cards.

If you are a Medicare patient; we accept assignment from Medicare. You are responsible, therefore, for your deductible and co-insurance. If you receive services not covered by Medicare we will request payment at time of service.

If you are an HMO patient and your policy requires a co-payment; co-payment must be paid at each visit.

In the event you receive a bill for an outstanding balance, full payment is due within two weeks of statement receipt, past due after 30 days.

Your insurance is a contract between you and your insurance company. If we are unable to obtain payment from insurance it may become your responsibility to contact the insurance company; we will be happy to provide you with appropriate documentation. Where applicable, our billing statement is specifically printed with information necessary for the convenience of patient insurance submission.

If you have questions regarding the above information or uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us.

Your signature acknowledges your agreement to the terms of this Financial Agreement.

Signature

Date

Patient Name