

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Financial Policy for Self-Pay Accounts

We understand that your account is considered "Self-Pay" and the following are our guidelines concerning Self-Pay accounts. Please note that these guidelines are in place to benefit our patients. We are available to assist you Monday-Friday 8:00 a.m. to 5:00 p.m. if you have any questions or concerns.

1. **\$225.00 payment is expected upon your initial visit.** This is not the charge for the first date of service - it is simply a down payment on your account. If your charges amount to less than \$225.00, a refund will be issued or the credit will apply toward future visits. Balances over the \$225.00 down payment will be billed to you.
2. **Call the Patient Advocate to make payment arrangements on any balances over the \$225.00 down payment.** Upon receiving a bill for balances over the \$225.00, please call (513) 580-7530 to make payment arrangements on your remaining balance due. *Please note we do have a monthly payment plan available for your convenience.*
3. **Subsequent follow up visit.** If it is necessary for you to return to the office for additional visits, a payment of **\$50.00 is expected upon each subsequent visit.** Again, this is a down payment on the visit, and you will be billed for any additional charges over the \$50.00 deposit.
4. **Visa/MasterCard/AMEX/Discover/CareCredit** - We accept credit or debit card payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If person signing form is not the patient, please print your name and list relationship to patient:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_