

# **IMPORTANT INFORMATION**

## **TERMS AND CONDITIONS**

**ALL PATIENT BALANCES ARE TO BE PAID IN FULL NO LATER THAN 90 DAYS TO AVOID BEING TRANSFERRED TO A COLLECTION AGENCY. IF YOU SHOULD NEED TO MAKE PAYMENT ARRANGEMENTS, PLEASE CALL THE OFFICE WITHIN THE FIRST 14 DAYS. FOR YOUR CONVENIENCE, YOU CAN PAY YOUR BALANCE DUE BY PHONE VIA CREDIT OR DEBIT CARD.**

## **LATE FEES**

**A SERVICE CHARGE OF \$20.00 WILL BE APPLIED TO ALL UNPAID BALANCES OVER 30 DAYS AND \$20.00 FOR EVERY UNPAID BALANCE OVER 30 DAYS THEREAFTER.**

## **NON-SUFFICIENT FUNDS**

**NON-SUFFICIENT FUNDS (NSF) FEE OF \$30.00 WILL BE APPLIED TO TOTAL BALANCE OWING WHEN THE BANK RETURNS YOUR CHECK FOR AN AMOUNT WRITTEN FOR MORE FUNDS THAN IN YOUR ACCOUNT.**

## **STOP PAYMENT**

**STOP-PAYMENT ON ANY CHECK OR CREDIT CARD TRANSACTION WILL RESULT IN A SERVICE CHARGE OF \$30.00 ADDED TO THE TOTAL BALANCE OWING.**

**THANK YOU FOR YOUR KIND ATTENTION TO THIS MATTER.**

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**PATIENT (OR LEGAL GUARDIAN) SIGNATURE**

**DATE**

