



SELF-PAY POLICY

FOR ALL SELF-PAY PATIENTS, \$125.00 DEPOSIT IS REQUIRED AT CHECK-IN.

THIS IS NOT PAYMENT IN FULL. IF ADDITIONAL SERVICES ARE BILLED THE BALANCE WILL BE REQUIRED AT CHECK-OUT.

IF SURGERY IS SCHEDULED THERE WILL BE A 30% DISCOUNT ON SURGICAL PROCEDURES IF PAID PRIOR TO OR AT TIME OF SERVICE.

I have read this policy and agreed to the terms.

Patient Name or Representative

Date

Witness Signature

If a Representative signs, state the Representative's Authority:

*rate subject to change