



14453 SE 29th Street Suite D
Choctaw, OK 73020
(405) 741-2844

Payments for services are due at the time of the service, including self-pay, co-pays, deductibles and/or no show/cancellation fees. We will allow a one-time allowance for this, but the fees must be paid prior to the next appointment or you will have to be rescheduled.

We make every attempt to assist you in determining your benefits. Unfortunately, insurance companies **will not** guarantee payment based on the information they give us. At times, we are advised that services are covered, but are later told that services are not covered and/or that the person has a deductible that must be paid first. It is up to you to contact your insurance company to determine what is covered and what part of the bill you may have to pay. **However, regardless of what an insurance company states they will pay, it is ultimately your responsibility to pay for services.**

Delinquent accounts may be **sent to collections** if a payment plan has not been set up within **60 days** of account finalization. The office will contact you a minimum of three times (phone or mail) to notify you of outstanding balances and set up payment arrangements.

A \$50 no show fee will be billed if 24-hour notice is not provided for appointment cancellations.

My signature indicates that I have read and understand the above payment policy.

Signature of Patient or Parent/Guardian

Patient Name

Date