

I HAVE INSURANCE ACCOUNT AGREEMENT

Your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered and or to insure that your carrier remits payment to Dr. Knudsen. **YOUR INSURANCE CO-PAY IS DUE AT THE TIME OF SERVICE.** As a courtesy this office will bill your insurance company on your behalf. **IF YOU HAVE NOT MET YOUR DEDUCTABLE FOR THE YEAR, PAYMENT IS DUE AT THE TIME OF SERVICE.** If you have any questions about our policy please see the account manager. If you are the financially responsible party for the patient, please sign below.

PLEASE INITIAL AND SIGN DIRECTLY BELOW IF THE ABOVE TEXT APPLIES TO YOU.

_____ I will make 2 or less installment payments for the balance due, to be paid in full in 60 days. Any unpaid balances will go to collections.

Signature

Date

Please list all insurance coverage that you have currently below:

I DO NOT HAVE INSURANCE ACCOUNT AGREEMENT

Prompt payment allows us to control costs. Outstanding accounts cost both of us time and money. Therefore, all patients will be required to establish financial arrangements for payments of their account. This is a fee for service practice and payment is due at the time of service. If you have any questions about our policy please see the account manager. If you are the financially responsible party for the patient, please sign below.

PLEASE INITIAL AND SIGN DIRECTLY BELOW IF THE ABOVE TEXT APPLIES TO YOU.

_____ I will make 2 or less installment payments for the balance due, to be paid in full in 60 days. Any unpaid balances will go to collections.

Responsible Party

Date

Account Manager

Date

I understand the above and have initialed my opinion. There will be a \$30.00 fee for any returned check. I understand that should I default this agreement. I will be liable for any court, attorney or collections fees resulting from this default up to %50, in addition to my balance. All accounts must be paid in full within 60 days of billing to avoid collections.