



Dr. Evan B. Kelner, D.P.M.

PAYMENT POLICIES FORM

WE ACCEPT CASH, MONEY ORDERS, CHECKS AND SOME CREDIT CARDS AS PAYMENT FOR SERVICES RENDERED.

IF YOU HAVE ANY QUESTIONS WE WILL BE HAPPY TO ASSIST YOU. ALLOWABLE FEES AND PATIENT LIABILITY WILL BE DETERMINED BY YOUR INSURANCE CARRIER. COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS DETERMINED BY YOUR CARRIER WILL BE YOUR RESPONSIBILITY.

1. ALL CHECKS RETURNED AS NON-SUFFICIENT WILL BE SUBJECT TO A \$35 FEE.
2. ALL BALANCES UNPAID AFTER 90 DAYS MAY BE FORWARDED TO A COLLECTION AGENCY AND WILL INCUR LATE FEES.
3. CO-PAYMENTS NOT PAID AT THE TIME OF SERVICE MAY INCUR AN ADDITIONAL \$10 PROCESSING FEE.
4. ANY MISSED APPOINTMENTS IN WHICH A 24 HOUR NOTICE WAS NOT GIVEN MAY BE SUBJECT TO A MISSED APPOINTMENT FEE OF \$50.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE POLICY.

PRINTED NAME

SIGNATURE

DATE