

PAYMENT INSURANCE INFORMATION

5290 Seminole Blvd. Suite A St. Petersburg, Fl. 33708



PAYMENT/INSURANCE INFORMATION

Our office policy states that payment is due when Services are rendered!

As a courtesy, we will file your auto and medicare insurance claims for you.

We are no longer in network with any health insurance. We can print you a receipt with the appropriate information for you to submit to your insurance company for possible reimbursement.

() Cash/check/credit card: payment is due when services are rendered.

() Automobile insurance: we must have a copy of your insurance card, verification of insurance and a copy of the accident report if available. Any charges not covered by the insurance company will be directly billed to you for payment.

() Medicare: we must have a copy of your medicare card.

Insured name:

Insured D.O.B.:

Relationship to insured:

Insurance company name:

I have read the above and checked one method of payment. I have agreed that the balance is my responsibility and will pay any balance that has gone unpaid over 60 days. If balance owed after stated period has not been met, i understand that i will be responsible for all fees incurred (attorney, collection agencies, court cost, interest and any other fees needed to collect the balance) such that the balance owed to this office is paid in full.

Please print name:

Date:

Please sign to acknowledge form: _____