

FINANCIAL AGREEMENT

1. Payment is due at the time services are rendered. **Dr. Friedman only accepts checks, paypal and zelle at this time.** There is a \$20.00 fee for all returned checks.

2. A late fee cancellation (the day of the appointment) of \$60 will be assessed and a no show fee of \$80.00 will be charged if no communication regarding the appointment status is made. Insurance does not cover these costs.

3. If you have medical insurance through one of Dr. Friedman's contracted insurance plans, my insurance coordinator will be able to assist you in receiving your maximum allowable benefits. However, in order to achieve this, Dr. Friedman needs your assistance and understanding of the financial policy:

A. Payment of your co-pay is due in full time of service **(paid by check, paypal, or zelle)**, unless your deductible has not been met, in which case, full payment of service is required.

B. As a service to you, Dr. Friedman and her insurance administrator will be happy to process your insurance claim forms; however, she must have complete insurance information, a copy of your insurance card and any authorization you have obtained.

C. We will file your insurance as a courtesy to you; however, if after 45 days we have not received payment, it will be your responsibility to pay for services rendered. It is your right to communicate with your insurance company to assess the status of your claim, deductible or need for further information. Any information that you obtain from your insurance company that is shared with our office will help expedite the processing of your claim and increase the likelihood that your claim will be paid within the 45 day time frame. Remember, ensuring that no balance remains after 45 days is ultimately your responsibility.

This signatures certifies that I have read and understand the above financial agreement.

Print Name

Sign Name

Date

