

Summary of Our Financial Policy

A current **insurance card** must be presented prior to your visit (if we are providers for your insurance) or payment in full is required.

Payment of copays, estimated percentages, deductibles, non-covered services and patient balance is expected at the time of service.

We charge a nominal fee for the following items:

- Replacement of Prescription \$10.00
- Copy of Records \$35.00
- Filling out of Forms \$35.00
- Letters to Attorneys \$350.00
- Copy of X-rays (on a CD) \$15.00
- Copy of X-rays (per page) \$2.00-15.00
- Copy of Billing (per date) \$2.00

If you are unable to pay your patient balance in full, we charge interest of 1% per month for any patient balance due over 30 days. Please inform us if you need to make payment arrangements.

If we must send a collection letter to you for non-payment, there will be a \$15.00 fee per letter in addition to the monthly finance charge.

We hope this will help your understanding of our financial policy and assist you in meeting any financial obligation in a timely fashion. Please ask our staff for assistance should you have any questions.

**THE PHYSICIANS AND STAFF OF DRs HAYASHI, DAHMS,
DURAND, AND PATTEE.**

*All fees subject to change without notice