A Woman's Place of Fort Collins, PLLC

FINANCIAL POLICY

PLEASE READ AND INITIAL BY EACH LINE

Since we want to provide the best possible care for you, we would like you to understand and respect our financial policy at A WOMAN'S PLACE, PC

		Your Initials:
1.	Payment is due AT THE TIME OF SERVICE. We do accept Visa, MasterCard, Discover and American Express	_____
2.	Copays, Deductibles and Co-Insurance are due AT THE TIME OF SERVICE.	_____
3.	If you have a Deductible that has not been met, we will ask you to pay half of the fee for the visit at the time of service.	_____
4.	Missed appointments without 24 hour notice will be charged half of the fee for the visit	_____
5.	Not all insurance plans cover all services. If your insurance plan determines a service to be "NOT COVERED", you will be responsible to pay the amount in full WITHIN 30 business days.	_____
6.	Your insurance policy is a contract between you and your Insurance Company. As a service to you, we will file your insurance claim. After your Insurance Company has paid us, you have 30 days to pay your bill in full, or you will be charged $30.00 per month as a billing fee until bill is paid in full.	_____

I have read and understand A Woman's Place, PC Financial Policy and agree to be bound by these terms. I also agree that such terms may be amended by A Woman's Place, PC at any time.

_____ _____

SIGNATURE OF PATIENT/RESPONSIBLE PARTY DATE

2620 East Prospect Road, Suite 160, Fort Collins, CO 80524
Phone: 970.221.4977 Fax: 970.221.4980 www.awpfc.com