

Mesa Verde Medical Group

- Armando M. Gonzalez, M.D. -

FINANCIAL AGREEMENT

Payment's (Co-Payments, Co-Insurance and/or Deductibles) are due at the time of your medical services unless other arrangements have been made with the Business Office.

As a courtesy we will bill your medical insurance plans. However, as the patient, it is your responsibility to understand your benefits (i.e. deductibles, co-insurances, maximums, benefit exclusion & limitation plans). Please be advised we will work with you to the best of our abilities. You will be responsible for any amount not covered by your insurance. _____ initials

We reserve time for each patient. There will be a fee of \$50.00 added to your account if you fail to cancel your appointment within 24 hours of your scheduled appointment. _____ initials

There will be a fee of \$30.00 for each NSF (non sufficient funds) check that is returned by your bank. _____ initials

All patient portions are due upon services rendered. In the case where we are billing your insurance we may send you a statement for the remaining patient portion which is due upon receipt.
_____ initials

For all patient balances that become older than 90 days there will be a late charge of 25% added to the balance of the account. _____ initials

Methods of payment available:

Check Cash Credit Cards (Visa, MasterCard, Discover, Amer. Express)

I hereby have read and understand the above information.

Patient Signature

Date