



CLAY PLATTE FAMILY MEDICINE  
SUMMIT FAMILY AND SPORTS MEDICINE  
COBBLESTONE FAMILY MEDICINE CLINIC  
BARRY POINTE FAMILY CARE

## Self-Pay Policy Acknowledgement Form

We welcome you as a patient to our clinic. Please read the important information below to help further your understanding of our Self-Pay policy.

In order to receive our 25% Self-Pay discount, you will be required to pay a \$112.00 **deposit** at the time of check in for each visit you have with one of our physicians. This payment will be applied to your final bill for the visit. If additional charges, such as labs, x-rays, durable medical equipment are incurred at the time of the visit, a 25% discount will be assessed to those balances.

All additional balances must be paid within 90 days from the date of service. Failure to make regular payments to your account will forfeit your benefit of the 25% discount and your account could be subject to collections.

By signing this, you are aware and informed of our Self-Pay Policy.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Account Number