

# Synergy Sports Wellness & Performance

Dr. Roberts

## OFFICE FINANCIAL POLICY

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity and expertise required of the care rendered to you. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area.

Our policy requires payment at time of service unless specific arrangements have been made in advance. Our agreement is with you and not your insurance company. Payment to our office is not contingent upon payment by your insurance company. You are considered a cash patient and you are financial responsible for you bill. If you do not pay your bill or set up a payment plan in a timely manner we will send you to collections.

If you have pre-paid for any services and do not receive them or if you cancel any pre-paid services, you will receive a pro-rated refund following a complete resolution of any outstanding payments from your insurance company.

If a check is returned, there will be a \$30 service fee charged.

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I have read and understand my financial responsibilities under this financial policy.

Guarantors Printed

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out below if you are not the guarantor and will be using our services with the means to pay or if you would rather Synergy Sports Wellness Institute keep your credit card on file for convenience when you are treated.

**Only if the responsible party will not be present to make payment, you may leave your Credit Card information on file with us. We follow the PCI Regulations for your protection.**

American Express  MasterCard  Visa

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ZIP: \_\_\_\_\_