



PLANTE

Endocrine, Diabetes & Wellness Center

Patient Financial Agreement

All co-pays are to be paid *at the time of service*. If you are unable to fulfill your financial responsibility we do reserve the right not to render services at the scheduled appointment. Our office accepts cash, personal checks, American Express, MasterCard and Visa. Returned checks will be subject to a \$30.00 returned check fee. For no call/no show to appointments with doctor will result in a \$50.00 fee. For no call/no show of dietician or wellness visits, you will be charged \$25.00 fee. *Your visit to our office is billed to the insurance(s) on file. If services are not covered by your insurance provider, you as the patient are responsible for the remaining balances.* If you are unable to make your scheduled appointment, please call 24 hours in advance. If we do not hear from you within 24 hours of your appointment you will be charged a \$50.00 fee as stated above.

To request medical records be sent to a new facility there is a \$15.00 fee, in addition if the doctor or staff must fill out paperwork it is subject to a \$15.00 fee for processing. If you have any questions or concerns, please do not hesitate to ask a member of our staff for further information on any of the above statements.

Thank you,

Plante Wellness Staff

Signature: _____

Print name: _____

Date: _____