

## Self-Insurance Office Policy

If you do not have health insurance, payment is expected at the time of service..

Initial office visits are: \$\_\_\_\_\_ Follow up visits are: \$\_\_\_\_\_

Additional charges may be incurred for X-rays or injections. You are responsible for these charges at the time of service.

Any additional treatment, including surgical services, is the full responsibility of the patient.

Should an itemized statement be needed for your records, one can be provided to you upon request.

I have read the above and understand that I am fully responsible for payment of services rendered.

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(Signature)

(Date)

Billing Office phone: 540-772-2280 or 800-601-9823