DR. SHANE D. DRAPER
DR. QUINN D. LINDSTROM
FOOT AND ANKLE SPECIALIST

## Patient Bill of Responsibility

This office is committed to giving our patients the best care possible.
As a patient of Dr. Draper and Dr. Lindstrom, I agree to the following:

- I agree to pay all co-payments and/or deductibles that are due, at the time of service.
- If I do not have insurance, I agree to the "Self Pay Policy":

### Self Pay Policy:

20% discount if paid in full at time of service
Or
1/3 down on date of service and 90 days to pay in full.
If no payment is received in 60 days there will be a $25 late fee
$25 fee if no payment after 90 Days.
After 90 days you will be sent to collections and incur a 35% collection fee.

- As a courtesy, we will submit charges to your insurance but the patient is ultimately responsible for payment.
- I agree to be on time to my appointments, if I am 10 minutes late I will reschedule.
- I will give 24 hour notice if I need to reschedule my appointment.

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Patient or responsible party Signature  Date  Witness

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