

## **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

- 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.

