Dr. Robert P. Collette, M.D., P.A.

763 Harley Strickland Blvd.
Orange City, FL 32763
Office: 386-775-4467

Welcome to our office! We are pleased to provide you with the best possible care and to establish a mutual understanding regarding our office and financial policies.

Payment for services is due at the time of service. **You are responsible to pay your co-payment/and or deductible at the time of each visit and we will file the remainder with your primary insurance. We do not file secondary insurances.** If your insurance company has changed, please notify this office immediately as you will be responsible for any charges. We accept **cash, credit, or debit only! NO CHECKS!.** If you are contracted **with an insurance company that we do not have a contract with, you are responsible for these charges and all charges not deemed medically necessary.** We will provide you with a duplicate bill to file to your insurance company.

As our patient, you are responsible for all authorizations/referrals needed to be treated in this office. No phone calls will be made on the date of your visit to do so and your appointment will be rescheduled.

Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney fees, and court fees shall become your responsibility in addition to the balance due this office. There is a $25.00 service fee for all returned checks. Your insurance company does not cover these fees.

We ask, however, YOU DO NOT DISCUSS FINANCES WITH THE PHYSICIAN, but direct all questions to the office manager. Please let us be of help BEFORE problems arise.

I agree that I have read and understood this NOTICE. **My signature below acknowledges both my financial responsibilities to this office.**

_____ **DATE:**_____
Patient Name (please print)

_____
Parent or authorized Representative (if applicable)

X_____
Signature