Kelly Knickerbocker, ARNP, PLLC

Patient Financial Responsibility Agreement

Patient Name:_____ **DOB:**_____

At Kelly Marie ARNP, PLLC we are committed to providing quality care and service to all of our patients. Your understanding of our financial policies is important to our professional relationship. Please take a moment to read through this document to fully understand your responsibility as a patient and sign and date at the bottom.

Self Pay: We are a Self-Pay service business. We do not accept insurance. Your payment will be due at the time of service. You may request a copy of your bill that you may submit to your insurance provider for reimbursement. Your insurance provider may or may not reimburse you for our services. Our fees for service are as follows:

Initial consult:	$375
30 minute appointments:	$200
Rate per 15 minutes over 30 minutes:	$125

Returned Checks: We charge a $38 fee for any returned checks

No Show Policy: If you are unable to make your appointment, we ask that you cancel your appointment at least 24 hours prior to your appointment. Failure to cancel an appointment in a timely manner will result in a No Show fee of the equivalent of your appointment fee.

Minors: For all services rendered to minor patients, the parent, guardian or responsible party who brings the patient to the appointment is responsible for all payments due at the time of service.

Signature of Patient or Responsible Party: _____Date:_____

Printed Name of Patient:_____

Printed Name of Responsible Party:_____

Relationship to Patient:_____

Contact Phone Number of Responsible Party:_____