



**It is the policy of this office to receive payment at the time services are rendered unless other arrangements have been made.**

Payment options are:

**Cash • Check • Visa • MasterCard • Discover • American Express**

Claims rejected by your insurance carrier will be the patient's obligation and payment arrangements should be made with the Business Manager. **It is the patient's responsibility to know all insurance coverage and deductibles that may apply to any and all services rendered in this office.**

**In the event your account becomes delinquent and is turned over for collections, the patient agrees to pay all collection and/or attorney fees plus all legal court costs.**

Any missed appointments without cancellation calls within 48 hours' notice will be billed to the patient in full.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, assign any benefits payable through my insurance company or health care plan, for services rendered to me or any member of my family, to the office of Dr. Francis P. O'Day. A copy of this can be considered an original for insurances purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The doctor will *free* you now.

1110 COLVIN BLVD TONAWANDA, NY 14223 PHONE: 716-565-0685