



PATIENT BILLING INFORMATION

I understand that all payments are due to **Tree of Life Health and Wellness** at the time services are rendered, except when prior arrangements are made. All bills are due and payable in full.

All fees are based upon individual services rendered, and may vary from visit to visit depending upon the doctors' specific recommendations. A complete list is available at the front desk.

A charge of \$25 will be assessed for a missed appointment. We require 24-hour notice for cancellations.

If you or your insurance company request copies of your medical records, a charge of \$10 for copy charge as well as 10 cents per copy will be billed to you. You may try to recover this charge from your insurance company.

Any financial arrangements are to be determined prior to services rendered. I agree to the terms above, and acknowledge that in the event there is an outstanding balance, which fails to be cured within 60 days, my account with **Tree of Life Health and Wellness** will be turned over to collection. I understand that should this happen, I will remain responsible for any and all additional collection fees and/or attorney and court costs.

Signature

Date