

# **PRIMARY CARE SPECIALISTS, INC.**

## **PAYMENT POLICY**

Accounts are payable at time of service, unless other arrangements are made with the insurance carrier. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

I authorize the release of medical information to process this claim and authorize payment of medical benefits to Primary Care Specialists, Inc.

**I UNDERSTAND AND AGREE THAT, REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_