

**LAURENCE WEIDER, M.D.**  
**7777 FOREST LANE**  
**SUITE B-145**  
**DALLAS, TX 75230**

**FINANCIAL POLICY**

Dear Patient:

Thank you for choosing us as your health care provider. We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions or concerns about these policies, please feel free to discuss them with the office manager.

Unless other arrangements have been made in advance, full payment is due at the time services are rendered. For your convenience, we accept Visa, MasterCard, and the Discover Card.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you, on an unassigned basis. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due at the time of service.

In the event that you are covered under an insurance plan of which we have made prior arrangements, you are responsible for unpaid deductibles and co-payments at the time service is rendered. However, should your insurance company deny any charges as being not covered under your plan, you will then be expected to send payment in full. You are responsible for payment of services rendered to you regardless of any insurance coverage you may have.

We understand that temporary financial problems may affect the timely payment of your balance. We encourage you to communicate any such problems to our office so that we can assist you in the management of your account.

In the unlikely event your account falls more than 90 days past due, and we have not been contacted by you to make arrangements for payment of your account, we do have a policy of turning your account over to an outside source for collection.

---

PRINTED NAME OF PATIENT

---

**SIGNATURE OF PATIENT OR RESPONSIBLE PARTY**

DATE