



GRESHAM PODIATRY CENTER, L.L.C.

DEREK J. McCAMMON, DPM

Diplomate, American Board of Podiatric Surgery

CREDIT POLICY

PATIENT RESPONSIBILITY:

Patients are responsible for all charges resulting from treatment provided by their physician. As a service to you, we will bill your insurance. When you provide us with current insurance information we are able to bill primary insurance. Please notify us when you have any insurance changes. However, primary responsibility for the account is yours. Payment is due within 30 days of the first billing.

Insurance co-payments are due at the time of each visit.

DIVORCED PARENTS:

The custodial parent who brings the child (children) to the clinic will be responsible for the account of the child (children). We can bill any insurance that covers the child (children).

WORKMAN COMPENSATION CLAIMS:

When supplied with the correct billing information we will be glad to bill workman compensation claims. However, our relationship is with you, our patient, and the account is your responsibility. We will not wait for litigation or settlements. We will be glad to set up a reasonable payment plan.

I have read and accept this Credit Policy for my treatment with my physician. I authorize Gresham Podiatry Center, L.L.C. to release billing records and chart notes to the appropriate insurance companies.

Patient signature or guardian if patient a minor

Date