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Acknowledgement of Responsibility to Pay

Amir Friedman, M.D. is not a provider for any insurance company, nor is he affiliated with any health provider group. All payments are due from you at the time services are rendered. Amir Friedman, M.D. will not bill insurance payors. However, he will provide you with an itemized statement for you to present to your insurance carrier, if you wish. In addition to his office consultation visit fee, you will also be charged for specific services such as blood, urine or saliva tests. You are invited to ask our staff about specific charges before the service is provided.

A cancellation fee of \$ 100.00 will be charged to your credit card if you do not give us a 24-hour cancellation notice, or if you do not show up for your scheduled appointment.

I acknowledge that I have carefully read Dr. Friedman's office policies and fee schedule. I understand and agree with all of the terms of these policies. I understand that I am responsible for payment in full for all of the charges in connection with medical services rendered to me by Amir Friedman, M.D., regardless of any insurance which might not cover such charges.

Date: _____

Patient Name Printed

Patient's Signature