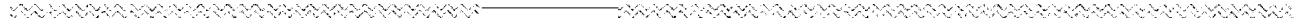


amount of the check, is not paid within a timely manner, our office will transfer the bad check to the District Attorney's office for processing.

Cancellations/No Show Policy: OUCHS requires at least a 24-hour notice on all cancelled or rescheduled appointments. A fee of \$30.00 will be assessed to your account for all missed appointments and same day cancellations or rescheduling. These fees must be paid prior to your next office visit. A fee of \$50.00 will be assessed to accounts for patients missing appointments for Physical Exams.

Accounts over 90 days past due may be turned over to collections unless payment arrangements have been made with this office. Your status with our office will be reviewed at that time. Failure to adhere to our Financial Policy may result in dismissal as a patient of Oakwood University Church Health Service and the outstanding balance will be placed in collections mode.



By signing this form you agree that you will be responsible for the reasonable costs, to include attorney's fees and interest we incur if your account becomes past due and is turned over for collections. We value you, our patient, and will continue to provide you with our best professional care. If you have any questions about the above information, please do not hesitate to ask. We are here to help you.

I have read and understand the Financial Policy of Oakwood University Church Health Service I agree to assign insurance benefits to Oakwood University Church Health Service whenever necessary. I authorize Oakwood University Church Health Service to release information to a collection agency and/or an attorney-at-law. In the event of nonpayment or default, I am responsible for all costs and reasonable collection and/or attorney fees and interest Oakwood University Church Health Service reserves the right to change or amend this Financial Policy at any time and at its discretion.

Printed Name of Patient

Date

Printed Name of Responsible Party

Signature of Responsible Party

Witness Initials: _____ Date: - _____

OUCHS reserves the right to change the fees at any time. A list of our current fee requirements will be posted at the patient registration area and in our patient examination rooms.

A photocopy of this form is to be considered as valid as the original.