General Financial Policies:
1. Payment for services is due in full at the time of the visit. We accept cash, checks, MasterCard, Visa, Discover, and American Express.
2. There will be a $30.00 fee assessed for checks returned to us for insufficient funds.
3. Please review the list of insurance plans we accept (see Insurance/Hospitals page). If we accept your insurance plan, all copays and deductibles are due at the time of service.
4. We do not do lab work in the office. Laboratory charges (such as the pathologist's interpretation of a Pap smear) will be billed separately by the laboratory.
5. We cannot guarantee payment of your claims. Reduction or rejection of your claim does not relieve the financial obligation you have incurred.
6. Please review your insurance policy and understand its provisions. You are ultimately responsible for payment of medical charges.

_____
Signature/Date

Consent for Treatment:
I understand that previous to treatment, a full explanation of the procedure(s) involved will be given by the doctor and/or her staff. If I agree with the doctor's plan of treatment, I authorize her to perform any and all forms of treatment, medication, and therapy, that may be indicated in connection with the care of the patient named below, and further authorize and give my consent to the doctor to choose and employ such assistance as she sees fit. I agree to pay for all services rendered by this office.

_____
Signature/Date

Assignment of Benefits and Release of Information:
I assign and transfer all benefits payable to Lisa Savage, M.D., P.A., for services performed by her and by her staff. I also give Dr. Savage all rights to sue or otherwise obtain payment of benefits from any and all responsible parties. I authorize all responsible parties to pay directly to Lisa L. Savage, M.D. all benefits and amounts due for services rendered by her or her designated representatives. I understand that if Dr. Savage is not paid in full by proceeds of any benefits, then this assignment does not release my obligation and liability to her to pay for all services and items provided to me. In the event that no benefits are paid by the responsible parties, then I agree to pay Lisa L. Savage, M.D. for all charges incurred. I authorize the release of any medical information necessary to process insurance claims. A photocopy of this authorization shall be considered as valid as the original.

_____
Signature/Date