

WELCOME TO STEVANOVIC FAMILY CLINIC, SC

Thank you for choosing our clinic to take care of your medical needs. Please read and sign our policy below.

- 1) All deductibles and copayments are due at the time of service.**
- 2) There is a \$25.00 charge for all broken appointments that you have not given a 24 hour cancellation notice.**
- 3) There is a \$50.00 charge for all returned checks for any reason. There are no exceptions.**
- 4) There is a \$35.00 charge to copy or transfer medical records. All medical records are the property of this clinic.**
- 5) Patients are responsible for all balances. There will be a 1% late fee charged on accounts past due 90 days.**
- 6) As a patient of this clinic, you are consenting to all medical treatments, current and future, as of the date signed below.**

Lastly, it is the responsibility of the PATIENT, not the doctor or the staff of this clinic, to know what procedures or tests are covered by your insurance. If you have any questions about your benefits, call your insurance company. Ultimately you are responsible for all charges incurred for all services rendered.

signature of patient or legal guardian

date