Florida Wound Care Doctors

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Business Office Financial Policies Update: 01/31/2015

By signing this document, I, _____, have fully read and understand the financial policy of Walter A. Conlan III, M.D., PA. dba **Florida Wound Care Doctors** ("**The Practice**"). I hereby consent to allow **The Practice** to reach me via: (check all that apply)

____ Home phone: (____) ____ - _____
____ Cell phone: (____) ____ - _____
____ Work phone: (____) ____ - _____
____ Text: (____) ____ - _____
____ Email: _____@_____

____ Address: _____

_____

I will cooperate with the billing department of **The Practice** to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient.

_____
Printed name of patient / parent/guardian

_____ _____/_____/_____
Signature of patient / parent/guardian Month Day Year

EASY PAY CONSENT

____ I authorize **Florida Wound Care Doctors** to charge my credit card for the **balance of charges** not paid by insurance within 90 days of the date of service, not to exceed $_____

____ I authorize **Florida Wound Care Doctors** to charge my credit card **monthly** in the amount of $_____ beginning on the _____ of _____, _____ until my balance is paid in full.

____ I authorize **Florida Wound Care Doctors** to charge my credit card a **one-time payment** in the amount of $_____.

____ I authorize **Florida Wound Care Doctors** to **maintain my credit card on file** for verbal authorization of use.

I assign my insurance benefits to the provider listed above. I understand that this form is valid for one year from the date signed unless I cancel the authorization through written notice to **Florida Wound Care Doctors**.

_____ _____
Cardholder Signature Date

_____
Patient Name

_____
Cardholder Name

_____
Cardholder Billing Address City ST Zip

_____ _____
Credit Card Number Expiration Date 3 digit V-Code(back of card)
☐Visa ☐Mastercard ☐American Express ☐Discover