



Annette L Troy, MD
400 Ashville Ave, Ste 340 Cary, NC 27518
Tel 919-851-6260 / Fax 919-851-6261

Self-Pay Visit Agreement - Returning Patients

Today's Date: _____

Patient Name: _____ DOB: _____

Do you currently have a balance on your account? Yes / No (please circle)

Explanation of charges for today's visit: Physician Care Oversight = \$50

NOTE: This fee does NOT include charges incurred for treatment provided during the visit to include but is not limited to Medications, Nebulizer, Immunizations, Nurse Administration Fees, Office Procedures, Lab Tests, Diagnostic or Therapeutic Services rendered during the visit. These charges are visit specific and will not be rendered nor charged without specific physician order. Therefore, we are unable to estimate the cost of these services before you see Dr Troy.

Your signature below is required before treatment will be rendered @ today's visit.

Payment for all charges incurred at the visit are due at time of service, without exception. You will be expected to present payment for Physician's Services at check in. After discussion with Dr Troy & review of additional charges, we will collect the additional payment at check-out. In the event we are unable to provide a verified cost for all services at your visit, you will be billed for any additional charges incurred during this date of service and payment is due within 30 days of the statement. Any balance on your account must be paid in full before your next office visit.

Signature: _____

Today's Date: _____

This form MUST be accompanied by a complete Pt Registration form to confirm Pt Demographics.

«ProviderName»

Friendship Medical Center, P.A.

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