Kim Gaitskill MD

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Patient Office Contract

Dear Patient,

Payment for services is due at the time of the appointment. I will provide you with the billing information necessary for you to submit to your insurance plan, if you chose to do so. Please remember that I only bill Blue Cross PPO and Health New England and your copayment is due at the time of our appointment.

This serves as your permission for me to provide necessary medical information if required and as delineated by your insurance company.

Any payment past due by 30 days will result in termination of treatment until payment is received is full or arrangements made for payment

Missed appointment: In fairness to other patients and myself, I require at least 24 hours notice to cancel appointments. Therefore all missed or cancelled appointment within 24 hours will be billed to you.

I have read and agreed to the above policy for payment of professional fees. I am financially responsible for all charges. I hereby authorize release of all information necessary to secure payment.

SIGNATURE: _____ DATE:_____