



Kim Gaitskill MD
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Patient Office Contract

Dear Patient,

Payment for services is always due at the time of the appointment and may be made by credit card, HSA, check or cash. I require all patients to have a credit card on file that will be charged following each billable service unless other arrangements are made. I will provide you with all the billing information necessary for you to submit to your insurance company to obtain out of network benefits if included in your plan.

Any payment past due by 30 days will result in termination of treatment until payment is received in 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: _____