



...we're listening

John M. Bouras, M.D., P.A. PSYCHIATRY

Citizen's Specialty Center
2705 Hospital Drive, Suite 206
Victoria, Texas 77901

Tel: (361) 574-1899
Fax: (361) 574-1897
www.DrBouras.com

Financial Policy

Patient Name: _____ **DOB:** _____

Participating in the provision of psychiatric services implies a financial responsibility on your part. Actually, payment of your bill is considered part of your treatment. We want to make sure that you understand our financial policy. Please, let us know if you have any questions.

WE ACCEPT CASH, CHECK, MASTERCARD, AND VISA

- Payment is expected in full at the time services are rendered.
- Payment for inpatient psychiatric services is expected in full 30 days after release from the hospital.
- Any returned check will result in a \$25 fee.
- If you cannot pay your balance in full, please contact us right away for payment arrangements.
- Any outstanding account balances without any payment arrangements, will incur a \$25 late fee for each and every month that the account balance is outstanding. **Any outstanding balances more than 90 days old will be sent for collection.** You will be responsible for any collection-related charges.
- Unless cancelled at least 24 hours in advance, we reserve the right to charge a missed appointment fee up to the full fee of your appointment.
- Any miscellaneous services requests will incur a service fee as outlined on the table below. These service fees may not be recovered by your insurance plan.

Medical Records Processing for Release	\$25 for the first 30 pages, after that, an additional \$0.50/page
Letters/Forms to be filled out	\$35/15 minutes increments
Mail-in Rx Orders administrative fee	\$25

- All fees are subject to occasional change without prior notice. All fee changes will be posted at the office's website, www.drbouras.com.

I have read the above policy regarding my financial responsibility to John M. Bouras, MD, PA, for providing psychiatric services to me. I am also aware that if I do not cancel within 24 hours of my scheduled appointment, I may be charged a missed appointment fee up to 100% of that appointment fee.

Patient Signature

Date

Witness Signature

Date