

**SOUTHEASTERN SURGICAL SPECIALISTS, P.C.**  
**GENERAL & LAPAROSCOPIC SURGERY**

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**PAYMENT POLICY**  
*PLEASE READ AND SIGN*

1. Office charges are payable at time of service.
2. A maximum of three (3) months from the date of surgery or hospitalization is allowed for payment of your account in full. You are responsible for your bill even though you may have insurance coverage. If your insurance company or health plan fails to pay, it is your responsibility to deal with them. This does not relieve you of your financial responsibility.
3. We will file your insurance for any medical services. Please give any insurance information (Claim forms, etc.) to receptionist.
4. If you have no insurance coverage, payment arrangements must be made prior to your surgery or hospitalization. We will assist you in making these arrangements.

I have read the above and understand that this is the policy of this office.

Date \_\_\_\_\_

Signature \_\_\_\_\_