Sheri Spirt, M. D.

FINANCIAL RESPONSIBILITY AGREEMENT:

Welcome to the practice of Sheri Spirt, M.D. We request that full payment, OR copayments if you are using an insurance plan accepted by the practice, are due at the time services are rendered. Please read carefully the office policy form as well as the FAQ section on Dr. Spirt's website. We accept cash, personal checks, and all major credit cards.

Cancellation Policy: Insurance companies CANNOT be billed for missed appointments. There will be a charge for any appointment canceled with less than 48 hours notice or for any NO SHOWS. The fee will be for the entire amount of the billed fee, not just your co-payment portion.

Please read and sign below:

I understand that I am financially responsible for all charges at the time they are rendered, or a copayment if using an insurance plan accepted by the practice. I also understand and agree to pay any charges not covered by my insurance company. I agree in the event of non-payments, to bear the expense of all collection and / or legal fees should I fail to honor this agreement.

Name: (please print):_____ Date:: _____

Signature: _____

Please complete the requested information below.

Credit Card #:_____Exp.:_____

CCV (Security code) _____ Billing Zip:_____

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