PONTE VEDRA Vein
INSTITUTE

Patient Responsibility for Payment of Charges

Patient Name: _____ DOB: _____

All patients are responsible for their insurance deductible and co-pay amounts. If your insurance company determines that the procedure is not covered for any reason, you will also be responsible for the remaining charges.

For those patients who do not have insurance, payment is due at the time of service via cash, check or charge (All major credit cards accepted. CareCredit financing options are also available.).

I hereby authorize the Ponte Vedra Vein Institute (PVVI) to release any medical information to process a medical claim. I understand that the PVVI has the right to charge for a consultation and any necessary studies once I am an established patient. I understand that I am financially responsible for any and all charges rendered at the time of office visit.

If for any reason it becomes necessary to initiate collections proceedings, I understand I am responsible for the cost of all treatments received, as well as any and all legal or collection fees the PVVI incurs.

I _____ understand & agree to the terms for payment of my account.

(Print Name)

Signature: _____

Date: _____

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