Perinatal Associates of Northern Nevada, LLP

Maternal Fetal Medicine, Perinatal Genetics, and Cancer Genetic Services

Financial Policy

- All co-pays are due in full at time of service.
- There is a $100.00 no show policy for appointments not cancelled 24hrs in advance or missed appointments. If not paid you will be responsible for all collection fees.
- I understand that it is my responsibility to pay Perinatal Associates of Northern Nevada for all services received. Non-payment may result in account assigned to collection agency.
- I understand it is my responsibility to know my insurance plan and benefits and understand I will be billed for any services provided that is not covered under my insurance policy.
- I understand there is a return check fee of $35.00. In the event of a return check any self-pay discounts will be removed and I will be responsible for balance in full.
- Self-pay patients will be given a 30% discount for balances paid in full at the time of service **OR** payment arrangements must be made prior to appointment. First payment will be due at the time of service.

I understand and agree that in the event legal action is commenced to enforce my obligations hereunder I will pay all court costs and attorney fees.

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Patient/Guardian Signature Date

1500 East Second St, Suite 203 • Reno, Nevada 89502 • 775-829-0573