



Financial Policy Payment Plan

Your appointment today may be for an initial consultation; however, the provider may find it medically necessary to perform additional testing. If you have questions regarding the cost for any additional tests, please ask any of our staff. If you are a self-pay patient you will be responsible for the office visit as well as any additional testing.

We are requiring a \$100 partial payment up front with the remainder to be worked out with our billing team.

We do offer a discount to patients who are willing to pay at time of service. A lesser discount is offered when patient takes the payment plan option.

____ I am opting to pay in full.

____ I am taking the payment plan.

As a patient of NMSI, I agree to allow them to keep my credit card number on hand until my account is paid in full.

_____ Credit Card Number

Name _____

Date _____