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Dear Patient:

In an effort to streamline our billing and payment process, we are instituting a new policy. Because of the nature of our business, we realize that the person responsible for financial arrangements is not always present at appointments, so we now offer the following payment options:

- __ Payment by cash
- ___ Payment by check
- Payment by credit card
- ____ Automatic monthly billing to your credit card
- ___ Guarantee any amount not covered by insurance with your credit card

Please make your choice, sign below and return to your therapist.

If none of the above apply, please see the office manager. Thank you.

Print your name here and sign below

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Date:_____