

# Physician Group

OF UTAH, INC.

## CLINIC FEE POLICY

I, \_\_\_\_\_  
(First and last name of patient)

Understand that the following is a list of possible fees, discounts or information that may apply to my account with Physician Group of Utah.

- Co-pays are due at the time of service. Your insurance coverage is an arrangement between you and your insurance company. We are happy to bill and process your claim as a courtesy to you, provided we have the correct information.
- Once your insurance has processed your claim, you will then have 90 days to resolve your personal account balance to prevent it from going to an outside collection agency.
- Payment is due at the time of service for all self pay patients. Prompt pay discounts are available for service when paid in full.
- Deposits are required for all self pay treatment and care included but not limited to:
  - Primary Care – \$100.00
  - Specialty Care - \$200.00
  - Surgical Procedures/Care - \$400.00
- Deposits may also be required for our insured patients for treatment and care included but not limited to:
  - Primary Care - \$100.00
  - Specialty Care - \$200.00
  - Surgical Procedures/Care - \$400.00

I am aware of the above policies and understand that any of the above fees or discounts may be applied to my account if and or when applicable.

\_\_\_\_\_  
Patient Signature (or guardian for minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date