

Suzanne E. Mack, M.D., P.A.

Living Well Dallas

Payment Policy

Thank you for choosing us as your health care provider. We are committed to providing you with quality health care. Please read this policy, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

We do not participate in any insurance plans. Therefore, payment in full is expected at each visit. You will be provided a statement at each visit which you can submit to your insurance company.

Missed appointments. If your appointment is not canceled within 48 hours before your scheduled appointment time you will be billed for the visit in full. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

Patient Name Printed