

## Co-Pay Statement: Effective 9/1/2024

**All** patients are expected to pay their insurance co-pay **on** the day of service.

If you do not know your co-pay amount, you will be **expected to pay \$20 on the day of service** until your co-pay can be determined. Any excess will be applied to your account as a credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,  
Dr. Treichel + Staff