

Andrew C. Elgort, Ed.D., Inc.
675 Peter Jefferson Parkway, Suite 130
Charlottesville, VA 22911
434.987.2759

Summary of Financial Responsibility

Payment for services is due at the time the service is rendered unless other arrangements are made.

Please review and initial the following. Your initials signify that you have read and understood your responsibilities.

I understand that I am fully and totally responsible for payment of all fees.

I understand that if a pre-authorization for services is necessary by my insurance policy, I am fully responsible to obtain the needed pre-authorization for services.

I understand that I am responsible for notifying Dr. Elgort of any changes to my address, my telephone number, or my employment.

I understand that I may be billed full fee for missed appointments unless I provide notice of my inability to attend the appointment at least 24 hours prior to the time of the appointment.

I have read and understood the Informed Consent for Services document, especially regarding Professional Fees, Billing and Payments, and Insurance Reimbursement.

Signature of Patient or Parent/Guardian of Minor

Date