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Summary of Financial Responsibility

Payment for services is due at the time the service is rendered. The patient or Parent/Guardian of Minor is responsible for the payment of all fees.

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

_____ I am responsible for payment of fees.

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

Signature of Patient or Parent/Guardian of Minor

Date