SHAKTI NARAIN, M.D., F.C.C.P.
Pulmonary, Critical Care, Sleep & Internal Medicine

I understand that all co-pays/estimated coinsurances/and un-contracted balances will be paid prior to being seen in the office. I understand that payment arrangements must be made prior to the scheduled visit if payment of co-pay is impossible and must be of an emergent nature. I understand that all outstanding balances must be paid prior to an office visit unless the billing department has a signed payment agreement on file or you make an arrangement to complete the payment agreement before your scheduled time.

_____

Patient Name (printed)

_____

Patient/Guarantor Signature

_____

Date

_____

Witness Signature