

HEALTHY MINDS FOR HEALTHY LIVES

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NOTICE TO ALL PATIENTS

Full payment is due at the time of service. All sales for services are final. You are responsible for any charges not covered by insurance. It is your responsibility to determine if our services are covered under your current insurance plan. Contact your insurance provider to determine coverage.

We appreciate your understanding regarding this policy.

Patient Name: _____ Date: _____

Guardian Signature: _____ Date: _____

Kindly,

Dr. Merrill Wood, DNP, CPNP-PC, PMHS, BICBT-CC