

## **RE-BILLING FEE**

We send out statements once a month and ask that the balance be paid in full within 30 days. If the balance is not paid in full or a payment plan set up, a re-billing fee will be applied to your account in the amount of \$30.00 for each monthly billing cycle.

Payments can be made securely on your patient portal.

**I have read and understand the Re-Billing Fee Policy.**

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Signature (parent/Legal Guardian)

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Date

Patient #: