ARILEX Medical Services, LLC
NEW PATIENT FINANCIAL RESPONSIBILITY

I understand that ARILEX does NOT accept or bill insurance companies directly for the patient's care. I also acknowledge that I have chosen to be treated by ARILEX because of the custom tailored Concierge Style medical treatment that is provided.

I am responsible for payment at the time of check in on the date of my appointment. Should I be unable to make payment at the time of my appointment, I will not be seen.

Payment methods consist of CASH/ Master Card/ VISA only.

Missed or No Show Appointments

If you cannot make a scheduled appointment, patients must call the physician office no less than 24 hrs in advance.

Missed Appointment Fees:

1) Missed Clinic Appointments……..$75.00
2) Missed Procedure Appointments……..$150.00

These charges will be added to your account and must be paid in full prior to your next visit. If the patient misses three appointments without providing no less than 24 hours of notice, the patient may be discharged from the practice.

Patient or (Authorized Representative) Signature:_____
Print Name:_____Date: _____
Relationship to Patient (if applicable) _____

Patient Information

Last Name:_____ MI:___ First:_____
Date of Birth:_____ SS#:_____ M or F (Circle)
Address:_____
City:_____ State:_____ Zip:_____
Home Phone:_____ Cell Phone:_____