

*Cordell Mitchell, M.D.*

Obstetrics and Gynecology

974 Douglas Avenue, Suite 102  
Altamonte Springs, Florida 32714  
407-862-1550

**OFFICE PAYMENT POLICY**

As part of our commitment to offer excellent medical and professional care to you and your family, we would like to present our office payment policy in order to minimize misunderstandings about fees. Our fees and methods of payments are comparable with those of other obstetricians and gynecologists in the Orlando area. We ask for payment when services are rendered. This includes payment for the office visit and any tests that are performed.

After you have paid for your visit, you will receive an itemized statement. You can attach this copy to your insurance claim and send it to your carrier for processing. We will be happy to assist you in filing any major office fees incurred.

Surgical fees will be filed for you with your insurance company. However, prior to surgery, we will assist you in determining your portion of the bill. This usually includes any un-met deductible and co-payment which is to be paid prior to surgery. Elective non-covered surgery must be paid in full before the procedure is performed. The responsibility for payment remains solely with you, the patient. If you do not have insurance we will gladly discuss methods of payment with you. We accept cash, Master Card, Visa or personal check.

We are providers for several HMO and PPO plans, in which case the above may not apply. However, you are responsible for your co-payment, deductible, or other non-covered services as set forth by your insurance carrier.

This policy is offered in an attempt to develop and sustain a continued professional and pleasant relationship.

I have read and understand this policy \_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Date