



**Dr. Jon Sherman**  
Podiatrist

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### PAYMENT POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are also eager to help you receive your maximum allowable benefit. We do, however, need your assistance and your understanding of our payment policy.

Payment is required at the time of service. We accept cash, checks, Amex, Visa and MasterCard. In the event that the courtesy of filing your insurance claim is extended to you, you must realize that all charges are your personal responsibility from the date services are rendered.

Due to the ever-changing health insurance laws and regulations, we cannot guarantee that all services will be covered by your insurance policy. In the event that your insurance does not cover your services, you will be held responsible for payment.

Failure to pay bills will result in your account being referred to a collection agency and/or attorney. All collection and attorney fees, expenses and court costs will be the responsibility of the patient or the person responsible for the account.

A fee of \$30.00 will be charged for any returned checks.

A fee of \$25.00 will be charged for any appointments that are cancelled without 24 hours notice.

If you have any questions concerning these policies or any uncertainty regarding insurance coverage, please do not hesitate to ask us.

Please sign below to indicate that you have read and understand this payment policy.

Patient Name \_\_\_\_\_

Signature of responsible party \_\_\_\_\_

Date \_\_\_\_\_