

**ANDO & ASTON PHYSICAL WELLNESS THERAPY**  
**HMO FINANCIAL POLICY STATEMENT**

**PATIENT NAME:** \_\_\_\_\_

**PAYMENT POLICY**

1. All co-payments, co-insurance and deductibles are due at the time of service for all patients.
2. If you are the guarantor for a minor's account please make arrangements with our Front Desk Personnel regarding payment for services.
3. Forms of Payment: Cash, Check, Debit Card, Visa, American Express, Discover or MasterCard.
4. Returned checks: **\$25.00** service fee for the processing of returned checks will be applied to the patient responsibility side of your account.
5. Services may be discontinued until any account issues are resolved. If on-going treatment is required, the patient will be referred back to the payor administrator to be reassigned to another provider.

**ASSISTANCE:**

Ando & Aston has a full-time Account Representative to assist you with any questions you may have regarding your account. Our Account Representative is available Monday through Thursday, 8 AM to 5 PM, and Friday 8 AM until Noon to assist you at 714-974-0330 extension 21.

**ACCEPTANCE OF FINANCIAL POLICY:**

1. I have read and understand the financial policy of Ando & Aston Physical Therapy.
2. I agree to pay any and all balances due and understand that Ando & Aston Physical Therapy will not hold accounts for payment.
3. I understand that if I do not pay my account as designated, my debt may be presented in Small Claims Court for judgment, or sent to a professional collection agency.

**Name of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Insured or Guarantor:** \_\_\_\_\_

**Ando & Aston Reviewer:** \_\_\_\_\_