

**RATANA, LLC  
BILLING AND FINANCIAL POLICIES**

Patient Name : \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**WE DO NOT BILL INSURANCE**

Ratana, LLC is a PRIVATE PAY practice, so we will not submit claims on your behalf to your insurance. A 50% non-refundable deposit is due at the time of booking to reserve your appointment. The full balance must be paid 2 weeks prior to the time of service. If you are unable to pay 2 weeks prior to the time of service, your appointment may be canceled.

We may provide you with a receipt for services for you to submit to your insurance carrier for reimbursement. We cannot guarantee your carrier will reimburse you for the services provided by Ratana.

**Acceptable Forms of Payment:** We accept Zelle, Apple Cash, major debit & credit cards .

**Past Due Accounts:**Patients' accounts that go unpaid for over 60 days or more may be submitted to a collections agency.

**Agreement:**By signing this agreement, you indicate that you have read and understand this Billing and Financial Policy. Your signature below indicates that you accept this policy and agree to abide by the terms and conditions set forth herein.

\_\_\_\_\_ Signature of Patient (Age 14+)  
Date

\_\_\_\_\_ Signature of Parent / Guardian  
Date