Carolina Aponte Urdaneta, MD, LLC.
4200 Somerset Drive, Suite 120
Prairie Village, KS 66208
Tel: 913-608-9482
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FINANCIAL CONSENT

I, _____, am choosing to enter into services with Carolina Aponte Urdaneta MD, LLC.

As my appointment time has been reserved exclusively for me, **I understand that I am responsible for paying a missed appointment fee if I cancel a scheduled appointment with less than 24 hours notice. If I miss my appointment without any advance notice I understand I will be charged the entire amount due for the appointment.** I understand that at this time Carolina Aponte Urdaneta MD, LLC is out-of-network for all insurances and cannot bill my insurance company for missed appointments. Therefore, I will be responsible for paying the missed appointment fee.

I understand that payment is due at the time that services are rendered, unless explicit arrangements have been made before hand.

Any balance overdue more than thirty days will be subject to a $15 late fee per month. I agree to pay the cost of any delinquent bill, including attorney's fees. I understand that my account may be sent to a collection agency or court if fees are not paid in a timely fashion. If such action becomes necessary, I will be informed of such intent and I will be given an opportunity to settle the balance. If such action becomes necessary, only information to secure payment will be released. All other information will remain confidential.

I fully understand and agree to the above policies and conditions.

PATIENT/ GUARDIAN: _____

DATE: _____