

## **Advanced Directives**

All adults in healthcare settings in the state of Florida have the right to an “Advanced Directive”. This is a written or oral statement made and witnessed in advance of a serious illness or injury, stating how medical decisions will be made. An advanced directive enables you to state your choice or name someone to make your choice for you, if you should become unable to make decisions about your medical treatment.

Do you have a living will? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please provide a copy to our office)

## **Co-payments and Deductibles are due at the time of your office visit.**

Our policy is that the payment is expected in full at the time services are rendered, unless other financial arrangements are made in advance. If you participate with one of our contracted insurance programs, we will bill your insurance company. Verification of your insurance, deductible and co-payment in advance of your office visit will be necessary.

To the best of my knowledge the above information is correct. I understand and agree to comply with the practice’s financial policy.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_