



Afton Oaks Bldg I & II - 400 N. Loop 1604 E., Suite 175, San Antonio, TX 78232
(210) 545-4422 ph (210) 545-4495 fax

PAYMENT POLICIES

Payment for services is due on the day of service by cash, check or credit card.

If you are covered by insurance, the co-pay amount of _____ will be due and payable at time of service. JTA will file your insurance claim, and will receive payment from the insurance company. Any unpaid balance will be your responsibility. If your insurance company disallows charges for any reason, the balance due will be charged to your credit card upon notification from the insurance company.

Credit Card Authorization

Visa MasterCard Discover Debit

Number _____ Expiration Date _____

Last three numbers from back of card _____

My signature below signifies that I have read, understand, and agree to abide by the above policies, and grants my permission to [Jan Tilley & Associates](#) to charge my credit card for any remaining balance not covered by my insurance company.

There will be a \$50.00 fee charged for follow-up patients who "NO SHOW" without calling prior to their scheduled appointment time.

Signature _____

Date: _____