



Financial Policy

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Dear Prospective Patient,

Thank you for consulting this office for your health care needs. We hope the following information is helpful to you.

*Our Best,
Dr. Michelle Momose*

Financial Policy

Unless prior financial arrangements have been made, full payment is due at the time services are rendered regardless of insurance coverage. You will be informed of the cost of such services before they are rendered. Payment may be rendered with cash or check. Credit cards are not accepted at this time.

We are not a participating provider with any HMO or PPO insurance companies. However, upon request, we are happy to provide you with a superbill that you may submit to your insurance company to obtain any reimbursement that you may qualify for.

I, _____, have read and fully understand the above statements.

Signed _____

Date _____