4 Vanderbilt Park Drive, Suite 100, Asheville, NC 28803-1700
(828) 258-0397 FAX (828) 258-3390
www.carolinaim.com

Acknowledgement of Financial and Patient Balance Policies

Patient Account Number_____

I, _____, have received the Financial Policy from Carolina Internal Medicine Associates.

Patient Signature: _____ Date: _____

____Patient was made aware and given a printout of delinquent balance in the amount of

$_____ as of the above date.