

VICTORY PHYSICIANS CHECK ACCEPTANCE POLICY

Check Acceptance Policy

The following sets forth the general check acceptance policy of Frank Arian, M.D. a California Professional Corporation dba Victory Physicians. Please review this information and sign where indicated.

- I understand that it is my responsibility as the check writer to provide the office of Frank Arian, M.D. a California Professional Corporation dba Victory Physicians with a current, reliable form of I.D. that contains a photo and physical description each time I present a check for services.

The forms of I.D. acceptable are:

- California State Drivers License.
 - California State ID Card.
 - Out-of-state I.D. on approval of Victory Physicians Practice Manager.
- We do not accept previously signed checks. All checks must be signed at the "Check-In" or "Check-Out" window at Victory Physicians in front of a Victory Physicians employee.
 - Information to be included on the check are:
 - Complete street address even though the check maybe imprinted with a P. O. Box address.
 - Telephone number.
 - Frank Arian, M.D. a California Professional Corporation dba Victory Physicians does not accept pre- or post-dated checks.
 - The text amount must be the same as the numeric amount on the check. Any check with a discrepancy will not be accepted.
 - All checks maybe posted to your checking account the same day they are written as funds are usually withdrawn as an automatic bank draft.
 - I understand that if I present an insufficient funds check (NSF Check) for payment on my account, I will be charged a \$35 NSF fee. I further understand that to rectify my account, I will be required to pay with cash, money order, cashier's check, or a credit card. All insufficient funds checks that are not promptly remedied will be forwarded to the Riverside County District Attorney for prosecution and collection. We are allowed to collect three times the amount of the face value of the check.

My signature below confirms that I have read the above check acceptance policy and I understand my obligations as it pertains to Frank Arian, M.D. a California Professional Corporation dba Victory Physicians

Patient or
Guardian Signature:

Date: