



SPECIALIZED WOUND MANAGEMENT

14805 N Outer 40 Rd.
Suite 320
Chesterfield, MO 63017
Ph# 888-811-4677 & Fax# 800-605-8906

FACILITY AGREEMENT TO PAY

In consideration for Specialized Wound Management, LLC, providing wound care services for a resident not covered by insurance,

_____ agrees to pay as follows:
Facility

\$100.00 for an initial visit & \$75.00 for each additional follow up visit, as ordered by the medical provider for _____.
Patient

Signature/Title

Date