



SPECIALIZED WOUND MANAGEMENT

14805 North Outer 40 Rd Ste 320
Chesterfield, MO 63017
Ph# 888-811-4677 Fax# 800-605-8906

PRIVATE PAY AGREEMENT

In consideration for Specialized Wound Management, LLC providing wound care

services for a resident not covered by insurance, _____

Responsible Party

agrees to pay \$100.00 for an initial visit & \$75.00 for each additional follow-up visit,

as ordered by the medical provider as needed for _____.

Patient

Signature/Title

Date