

Personal check, Credit card

The Practice accepts personal checks, credit cards for copayments and deductibles. In the event that a check 'bounces' (i.e., insufficient funds exist to cover the check), the Practice will apply a fee of \$25. By signing below, I acknowledge and agree to abide by this policy.

Patients are responsible for balances not covered by their insurance policy, (e.g., copayments and deductibles). The Practice will mail invoices for all balances due and prompt payment is requested.

Failure to settle balances in a timely manner may result in retention of collection agency. Failure to settle balances may also result in report to Credit bureau and may affect you ability to obtain credit in future. By signing below I acknowledge and agree to abide by this policy.

Failure to Appear for an Appointment

All patients receive a courtesy call for upcoming appointments. Failure to call to cancel an appointment beforehand or failure to appear for an appointment(no show) will result in a fee of \$75 . A fee will not be levied as long as an appointment is cancelled beforehand. 24- hour notice is required if you are unable to use your appointment time.

By signing below , I acknowledge and agree to abide by this policy.

Last name, First name

Patient Signature

Date