

POLICIES REGARDING TREATMENT

1. APPOINTMENTS:

Appointment times are “reserved.” This means that we do not “double book” our appointments. This is an advantage to you because it allows you to be seen at a specific time. We respect your time and we make a special effort to be on time.

2. CANCELLATIONS AND BROKEN APPOINTMENTS:

24 hour notice is required when canceling or rescheduling an appointment. If an appointment is canceled with less than 24 hour notice, a \$75 charge will be made. Failure to show up for an appointment does not release the obligation for the time. We are understanding with regard to unusual circumstances but chronic failure of appointments is not compatible to our type of practice where times are reserved.

3. CONFIRMATION OF APPOINTMENTS:

We will make every effort to reach our patients to remind them of their appointments. This is usually done the week before the appointment. Failure to reach an individual does not remove the financial obligation for the time. Scheduled appointments are the patient’s responsibility.

4. INSURANCE:

If you have insurance, we will gladly process your forms, but we request that you pay your portion when services are rendered. Please have your portion of the forms filled out. If your insurance company has not paid after 30 days, you are responsible for any remaining balance.

5. PAST DUE BILLS:

If an account is past due for more than 60 days, a 1.5% per month finance charge will be added unless other arrangements have been made. If you are delinquent in payment, you will be responsible for payment of all costs of collection, including costs of a collection agency if your account is turned over to a collection agency.

By signing below, I acknowledge that I have read, understand and agree to the policies of this office.

PRINT NAME OF PATIENT: _____

Signature of Patient (or parent/guardian if patient is a minor)

Date: _____