

# OFFICE POLICY

We believe that a clear definition of our office policies will allow both you, the patient, and us, the doctor, to concentrate on the big issue — REGAINING AND MAINTAINING YOUR HEALTH.

## APPOINTMENT POLICY

Multiple appointments have been scheduled, for your convenience, to minimize waiting and to facilitate incorporating these appointments into your daily routine.

Regardless of how many appointments are scheduled for you each week, please note that it is the frequency of visits that counts, and not the days.

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment within **7 days** of any cancellation.

This office reserves the right to charge for missed appointments and those cancelled without 24 hours notice.

When entering the office on any given visit, please go directly to the front desk and "sign-in". We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have any questions regarding our office policy or your appointments, please do not hesitate to speak to the receptionist directly.

## FINANCIAL POLICY

1. It is our office policy that all services rendered in this office are charged directly to you, the patient, and that you are personally responsible for all payments, regardless of whether or not this office accepts insurance assignment.
2. All payments are expected at the time of service or at the end of each week. Patients' balances may not exceed \$150 at any time.
3. All insurance assignment patients must pay their deductible in full and the co-insurance at the time of service or at the end of each week. Insurance assignment patients' balances may not exceed \$150 at any time.
4. Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1½% per month. Charges may also be made for missed appointments and those cancelled without 24 hours notice.
5. All accounts not paid within 90 days will **automatically** be put through on your personal credit card:  
Type \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_

Patient's Address \_\_\_\_\_

Home Tele. # \_\_\_\_\_

Bus. Tele. # \_\_\_\_\_

DATE \_\_\_\_\_