

- 1) Please be on time for your appointment. Being late or last minute cancellations will cause severe scheduling disruptions, which can interfere with the quality of care you and other patients received.
- 2) Continued cancellation or missed appointments may result in being released from care. If you need to reschedule an appointment, please call as soon as possible to re-schedule your appointment.
- 3) You are welcome to walk-in for an appointment; however, you will have to wait until scheduled appointments have been seen.
- 4) Children are welcome here as patients. If you bring children with you for your appointment, you are responsible for their actions at all times. Children are NOT permissible in the exercise area. Our staff will assist you with your well-behaved children.
- 5) We may schedule you for multiple appointments. This will help insure convenient appointment time for you, as well as provide you with the highest level of care possible.
- 6) If you need to spend extra time discussing your health concerns with your health concerns with your doctor, please let our staff know, so we may schedule your next appointment accordingly.
- 7) Please notify your doctor of any changes in your health status, regardless of the significance.

FINANCIAL POLICY

- 1) We accept the following forms of payment: Cash, personal checks, debit cards, Visa, Master Card and Discover Card.
- 2) Payment is expected at the time of the visit.
- 3) The patient is always responsible for the payment of their care. An insurance contract is between the patient and the insurance company. Insurance coverage is never guaranteed. If there are any problems between you and your insurance company, you may file a grievance directly with your insurance company.
- 4) Your signature below assigns assignment to this office for collection of benefits and also authorizes this office to release daily chart notes when necessary for the processing of claims.
- 5) Any account where no payment has been received for sixty days may be sent to a third party collection agency. Any additional collection fees will be the responsibility of the patients. NSF checks will be charged a service fee of \$25.00 per occurrence.
- 6) We do offer a *time of service discount* when services are paid in full at the time of the visit. However, in some cases, we may have a contract with your insurance company governing how we handle your account. This contract may prevent us from offering you our *time of service discount*.
- 7) Please feel free to ask us any financial questions you may have. Our intent is to provide you with the highest level of service as well as care.

By signing below, I acknowledge that I understand the policies as contained herein.

Patient or Legal Guardian Signature

Date

Staff / Witness

Date