

OFFICE POLICY

We believe that a clear definition of our policies will allow both you, the patient, and us, 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. Please remember that we have reserved appointment times especially for you. Therefore we request at least 24 hours notice, unless it is unavoidable, in order to reschedule your appointment. Your doctor has prescribed a care path especially for you. If you must cancel, please be aware that it is in your best interest to reschedule and make up that missed appointment so as not to jeopardize your recovery. This will enable us to offer your cancelled time to other patients that desire to get their treatment completed. When you cancel your appointment at the last minute, everyone loses- you, the doctor and other patients that could have utilized your appointment time. Since our office does not charge for broken or cancelled appointment, please realize how important it is to keep your reserved time.

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

FINANCIAL POLICY

1. All insurance patients that have deductibles or co-insurances will be asked to pay at least \$20 a visit towards their account to avoid a large balance when the claims come in. This amount may change once we get a definitive amount from the explanation of benefits.
2. As per the insurance laws, all children who are treated in the office, must be documented and pay the customary copays/co-insurance as dictated by the specific insurance.
3. All copays/co-insurances must be paid at the time of visit unless other arrangements have been made.
4. Patient balances may not exceed \$100 at any time. If this is the case, no appointments will be given until partial payment is made.
5. Retuned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1.5% per month.
6. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately due and payable in full.

Patient Signature _____ Date _____