



APPOINTMENT AND PAYMENT POLICY

Please read and sign the following:

Full payment is due at the time of service. We accept Cash, Check, Visa, MasterCard, Care Credit and Discover.

Our payment policy has changed. Due to increased costs associated with credit card processing there will be a 3.75% service fee charged for all credit card transactions. This fee is paid directly to the credit card company at time of transaction. To avoid paying this fee please consider payment in the form of cash or check.

At this time, we will be printing insurance claims forms for you to self-submit. Payment for services is due at time of service. If you would like us to submit to the insurance on your behalf there will be a \$10.00 fee, due at the time of service. Submittal is not a guaranty of payment. **THE PATIENT IS RESPONSIBLE TO KNOW THEIR COVERAGE AND PAY IN FULL ANY REMAINING BALANCE.**

I understand that I am responsible for all fees for services rendered.

_____**Patient initials**

I further consent to and agree to pay a 1 ½ % finance charge (18% annually) or a minimum of \$20.00 rebilling fee for any balance over 30 days.

_____**Patient initials**

Accounts that are outstanding for longer than 40 days will be sent to collections. I realize that I am responsible for all fees associated with collecting my balance.

_____**Patient initials**

Your scheduled appointment is your confirmation. There is a minimum \$120.00 fee for broken appointments. We kindly request 48 hours' notice for any appointments that need to be rescheduled.

_____**Patients initials**

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