

# Office Policy and Assignment of Payments

## Appointments:

Please show up for your appointments on time. We strive to maintain an exceptional record for running on time and expect the same from you. Unfortunately, if you are late, you are also causing the doctor to run late and then of course the next patient has to wait. Please show respect to the other patients.

## Missed Appointment and Cancellation policy:

While some cancellations are inevitable, if you need to cancel your appointment, please give us a call at least 24 hours in advance. All cancellations 24 hours or less will be subject to the following cancellation policy:

- 1) 24 hours or less (50% of cost of service)
- 2) No Call/ No Show (100% of cost of service)

Card on file will be charged the cancellation fee. Cancellations 24 hours or more in advance will incur no penalty.

## Payment Policy:

Full payment is due at time of service. The accompanying adult to a minor patient is responsible for payment. For your convenience we accept credit card, cash, and personal checks.

## Balance:

Failure to pay any balance due may result in your account being turned over to an outside collection agency. This action will not compromise your care.

I have read the above office policies. I understand and agree to all of the above discussed points.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_