

OFFICE POLICIES

When cancelling appointments, you must call in and give 24 hours' notice in order for us to be able to fill that appointment slot or you will be charged a \$25.00 cancellation fee.

If you **NO SHOW** an appointment you will be charged a \$25.00 no show fee. Consequences of "No Show" appointments. Repeat and/or excessive No Shows can lead to dismissal from our practice. Patient dismissal is at the discretion of your medical provider. If you are dismissed from the practice your remaining appointments will be cancelled. Only emergency medical treatment will be offered within the first 30 days of dismissal.

CO-PAYS are due at time of appointment or your appointment will be rescheduled.

SELF-PAY PATIENTS, payment is due at time of service.

If you are 15 minutes late for your appointment your appointment may be rescheduled. As, at this point you have run into another scheduled patient's appointment time. Our schedules cannot accommodate anyone arriving past their scheduled time.

Insurance cards and photo ID are required at each appointment.

Please be aware that there is more than one Practitioner in this office, including Ultrasound. Patients will be arriving at different times and be seen by appointment time, not arrival time depending on which Practitioner they are seeing.

If your Practitioner is running behind you are more than welcome to wait or if you would like to reschedule, we would be happy to do that for you.

We thank you for your cooperation.

Signature: _____

Date: ____ / ____ / ____