



Please keep the following office policies in mind.

1. We ask that you call to cancel 48 hours prior to your appointment time. Failure to do so is subject to a cancellation fee, equivalent to the FULL appointment fee. For patients billing through insurance, this means the full contracted insurance fee, not just your co-pay/co-insurance. Please note that the cancellation fee will not go towards any deductible you may have.
2. If you have a deductible you will be charged accordingly. Failure to pay will result in an outstanding bill that can be sent to collection agencies. It is the patient’s responsibility to investigate coverage details. Our staff researches your coverage only as a courtesy, but is not responsible for any misinformation provided by your insurance company.
3. As a courtesy to you, our staff does reminders calls in two full business days prior to your appointment. Though no receiving a call is not a valid excuse for missed appointments.
4. A consultation is not a guarantee that you will be prescribed medication.

Credit Card Information will be used to bill for late rescheduling/cancellation and no show fees.

Credit Card Information

Name on Card

Billing Address

Credit Card Number

Expiration Date

Security Code

Would you like this credit card to be used at the time of your appointments as payment towards your deductible and/or copay/coinsurance.

- Yes
- No (this card will only be charged for cancellation fees)

I agree to the policies outlined above and the use of this credit card for the purposes mentioned above.

Patient Signature: _____
Patient Name: _____
Date: _____

