



Missed or Canceled Appointments

We realize that in today's busy world your time, like ours, is very precious. It is our priority to give you the best possible care at your scheduled appointment time. Prompt attendance to your appointment will help us to make sure that we stay on schedule. We realize that things do happen that are beyond your control, in that event we will always do our best to accommodate you.

We ask that you notify our office at least 24 hours prior, when you will not be able to make it to your scheduled appointment. In the event that we are not notified within 24 hours or you do not show for your appointment, you will incur a \$40.00 fee.

By signing below I acknowledge that I have read, and I am aware, of the above Appointment Policy, and agree to pay fees when incurred.

Patient Signature

Date

Insurance Billing Agreement

Our office staff is happy to bill your insurance for you and when needed to also call for benefits. Please be aware that ultimately it is your responsibility to know your benefits.

As of January 2010, our office no longer sends out regular monthly statements. The estimated portion that your insurance does not cover is due at the time that treatment is complete.

Please be aware that your insurance does not take responsibility for your balance. In the event that 90 days has passed without payment from your insurance company, you will be responsible to pay your balance at that time. Our office staff will provide you with any information you may need to receive reimbursement from your insurance company.

Patient Signature

Date