

PLEASE NOTE

While we make every effort to check on patient insurance benefits, it is ultimately your responsibility to know the benefits and exclusions of your policy. In the event that your insurance does not cover your bill, you will be responsible. After 30 days, if your remaining balance is not paid in full, a 15% fee will be added to your bill.

We value your time and make every effort to run our office according to our appointment book. If you need to reschedule or cancel an appointment, we require a 24 hour notice. There is a \$40.00 fee for missed appointments and same day cancellations. Please acknowledge that you have read the above by signing below:

Patient Signature _____

Printed Name _____

Date _____