

Contact Information Update

Name (Owner): _____

Address: _____

City, State, and Zip: _____

Primary Phone: _____ **Alternate Phone:** _____

Email Address: _____

1. Cancellation/No Show Policy for Appointments

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another client fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" schedule. **If an appointment is not cancelled at least 24 hours in advance you will be sent a letter alerting you to the fact that you missed your scheduled appointment. If there is a second no show, you will be charged a thirty-dollar (\$30) fee. This fee is intended to cover the administrative work already performed for your appointment. A bill will be mailed to you.**

In some cases, we may require you to make a prepayment of thirty (\$30), which will go towards your bill the day of the appointment. If you no show for the appointment, we will then run this prepayment thru to cover the cost of the no show fee. If you have missed multiple appointments, the price will increase to sixty-four (\$64) to cover the full exam. We reserve the right to request prepayment and raise this price at any time.

2. Scheduled Appointments

We understand that delays can happen, however we must try to keep the other patients and doctors on time. **If a patient is 10 minutes past their scheduled time, we may have to reschedule the appointment.**

3. Cancellation/No Show Policy for Surgery

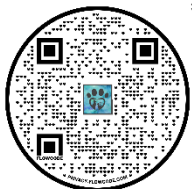
Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. **If surgery is not cancelled at least 2 days in advance, you will be charged a seventy-five-dollar (\$75) fee. If you miss more than one surgery or cancel late, we will require you to pre-pay one hundred and fifty dollars (\$150) to go towards the price of your surgery. This price is intended to cover the cost of supplies and doctor's time. We reserve the right to request prepayment at any time.**

4. Account Balances

We require that clients pay their account balances to zero (0) prior to receiving further services by our practice. Clients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak with to a business office representative with who they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

*** Name:** _____ *** Date:** _____

By Signing I Understand and Acknowledge the Above Policies



Check box if no change.



Contact Information Update

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

**If all contact information is current and up to date,
please check the box next to your signature.**

By Signing I Understand and Acknowledge the Above Policies