

## PAYMENT / CANCELLATION POLICIES

### ***Cancellation Policy***

Please help us keep the office running smoothly and efficiently.

We make every effort to stay on schedule for your benefit and convenience.

In return, we respectfully ask patients to fulfill scheduled appointments and be prompt.

Our standard office policy regarding appointments is as follows:

As a courtesy, we attempt to remind patients by telephone three business days prior to an appointment.

If we are unable to contact you, your appointment card will serve as the confirmation of your appointment and implies your obligation to be present.

That time has been reserved especially for you.

***If you need to change your appointment, please contact the office at least 2 business days prior to the appointment scheduled. This will alleviate any late charge that you would normally incur.***

We understand there are certain circumstances that prohibit you from doing this. Exceptions to this rule can be determined on an individual basis according to circumstances.

### ***Insurance Policy***

Thank you for taking the time to educate yourself on your particular insurance plan benefits. It is important that you understand your benefits and our office policy.

- Insurance benefits packages vary from company to company, and we will gladly assist you with your Insurance carrier before treatment.
- Please understand that NOT ALL procedures are a covered benefit in your plan. We will make every effort to know what your plan covers prior to the beginning treatment but ultimately it is your responsibility to know what is covered under your plan.
- We require your applicable deductible plus your co-payment at the time of service.

### ***Billing Policy***

We process all patient accounts through First Pacific Corporation, which states the following explanation of late and finance charges. *Late Charge:* If your minimum payment is not received by the due date you may be assessed a late payment charge. The amount of the late payment charge to be assessed is the maximum amount authorized under the laws of the state of your domicile. In most states, the late charge will be \$5.00 or 5% of the past due minimum payment, whichever is greater with a maximum of \$20.00. *Finance Charge:* The periodic finance rate is 1.25% monthly with a minimum of \$1.00 being imposed.

**I have read, understand and agree to the above office policies. I understand that I am fully responsible for all fees of the services rendered, regardless of insurance coverage.**

**I understand that my estimated co-pay and deductible is due at the time of service.**

\_\_\_\_\_  
Signature of Patient/Account Holder

\_\_\_\_\_  
Date

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