



OFFICE POLICIES

INSURANCE

- Your insurance is a contract between you and your insurance company.
- You must be knowledgeable about your insurance benefits.
- If you do not inform us of insurance changes you are responsible for the payment of services rendered.
- If your insurance plan does not cover the services provided you are responsible for the payment of those services.
- All treatment plan presentations are estimates; any balance remaining after the insurance payment is your responsibility.

PAYMENT

- All deductibles and/or co-pays are due at the time services are rendered.
- If you do not have insurance, payment for services is due at the time service is rendered.

CANCELLATIONS/NO SHOWS

All cancellations/No shows within **48 hours** will be subject to a **\$75 fee** for each appointment, that will be **required prior to rescheduling.**

Initials

I HAVE READ AND UNDERSTAND THE ABOVE

PATIENT'S FIRST NAME *

PATIENT'S LAST NAME *

PATIENT'S SIGNATURE *

DATE

10/16/2024