



Professional Fees

CLINICAL FEES: Fees will be applied to the following:

- No Show Fee: \$100.00
- Less than 24 Hour Cancellation Fee: \$100.00
- Prior Authorization Forms: \$25.00
- Copy of Medical Records: \$10.00
- Disability Forms: \$50.00
- FMLA Forms: \$50.00
- Extended Phone Calls: \$25.00 (up to 10 minutes) / \$50.00 (over 10 minutes)

PAYMENT POLICY: Payment for any current and past due balances are due at the time of service, this includes co-payments, missed appointments fees, co-insurance, or any balances that are the responsibility of the patient, or patient's guarantor/insured.

CREDIT/DEBIT CARD POLICY: We require a Credit/Debit account on file (Payment Authorization Form Completed)

MEDICATION POLICY: Please allow 72 hours to process medication refill requests.

I have read, understand, and agree to the above clinical and financial policies.

Signature: _____ Date: _____

Patient Name: _____

If signed by someone other than patient, indicate relationship: _____