



NOTICE TO ALL PATIENTS:

PLEASE READ THE OFFICE POLICY LISTED BELOW AND THEN SIGN AND DATE THE BOTTOM OF THIS PAGE.

Thank you, Management

Print Name: _____

- Co-pays are due at the time of service.
- If your insurance requires a primary care referral, we must have this by your appointment date.
- There is a \$50.00 "NO SHOW FEE" for any missed appointments without a 24 hour notice. This fee is not payable by your insurance and will be due by your next appointment.
- There is \$20.00 fee for all paperwork/letters to be completed by our providers. This fee is not payable by your insurance and will be due at the time of request.
- There is a \$30.00 fee for all returned checks.

Patient/Responsible Party Signature

Date