

Asbury and Associates Healthcare 4020 E Russell Rd, Bldg 5, Las Vegas, Nv 89120 https://www.aahlv.com P: 702-960-4812

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Asbury and Associates Healthcare Fee Policy

CANCELLATION FEE

You will be charged \$25.00 for cancelling your appointment with less than a 24 hours notice.

NO SHOWS

Out of respect for our patients, **if you have more than 3 no show appointments** you may receive a letter of discharge from the practice.

IN-OFFICE PROCEDURES

A refundable procedure deposit will be required to secure your procedure slot the deposit will depend on the type of procedure you will have and it will be collected at the time of scheduling the procedure.

FORMS

Please be advised that **there will be a \$55.00 charge for multiple page** (5 or more pages) documents (such as school forms, Family and Medical Leave Act- FMLA forms) that need to be completed. Please allow 7-10 business days for completion. FMLA forms will only be completed for patients with ongoing/chronic medical conditions who have a well-established history with our clinic.

| By signing this form I am agreeing to adhere with Asbury and Associates Healthcare Fee Policy. | |
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| Patient Name: | Date: |
| Signature: | |