



## OFFICE BILLING POLICY

Our office automatically bills your insurance company for professional services. However, you are responsible for deductibles, co-payments and any fees not covered by your insurance company. In order to keep your information updated, please remember to bring in your insurance card at each visit. Patient co-payments and fee are **DUE AT THE TIME OF YOUR VISIT**. If you do not pay your co-payment at the time of your visit, an additional billing and processing fee will apply. We accept cash, checks, Visa or MasterCard. A fee will apply for any returned checks.

Our office has a 24 hour appointment cancellation policy. To avoid a cancellation fee, please notify our office at least 24 hours before your appointment time. Please contact our office if you are running late for your appointment. Your appointment may be rescheduled if you are late. We will try to fit you in, but may not be able to accommodate you.

There is a fee for filling out forms and letters.

Please inform our front office if there is a change in the following:

- Insurance carrier
- Residential address and/or contact number
- Employer, employment address and/or contact number
- Emergency contact number

## CREDIT CARD POLICY

By completing this form with your credit card information any balance due at 90 days after the date of service will be billed to the credit card below. The information will be kept confidential along with your health information. Billing your credit card does not diminish your ability to dispute a charge or question your insurance company's determination of payment.

I, \_\_\_\_\_, have read and understand the above policy.  
[Print name]

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_

Credit Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_