

OFFICE POLICY

The following information is provided in order for you to understand the policies of this office. We ask that you sign and date below once you have read to indicate to us that you understand and accept the terms of this mutual agreement.

APPOINTMENTS

It is your responsibility to remember the date and time of each of your appointments. If you miss your appointment, or cancel your appointment, you will be charged for the entire session unless you contact the office at least 24 hours prior to the time of your scheduled appointment.

FINANCIAL AGREEMENT

It is the policy of this office to receive payment at the time of service. Regardless of your insurance status, you are ultimately responsible for the balance on your account for any professional services rendered. There will be a \$25.00 charge for any returned NSF checks.

OVERDUE ACCOUNTS

A finance charge of 1.5% (annual percentage rate of 18%) will be applied to all accounts 60 days past due. This includes balances unpaid by insurance. Any past due balance over 60 days will be referred to an attorney or certified collection agency and you will be responsible for all collection cost.

In special circumstances, clients may be billed for additional services such as written reports, court appearances, depositions, school consultations, etc. these services will not be billed to your account without your prior knowledge and input.

ASSIGNMENT OF INSURANCE BENEFITS AND GUARANTEE OF ACCOUNT.

The patient or guarantor understands their signature below irrevocably assigns and transfers benefits payable for services rendered to PROVIDER and agrees to pay on account any unpaid balances, when due in accordance with policy.

Patient Name (Printed)

Patient Date of Birth

Patient Signature (Parent or Guardian if Patient is a minor)

Date