



## **NOTICE TO ALL PATIENTS:**

**Please read the office policies 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. There is a \$10.00 “Billing Fee” that will be applied to your account if the co-pay is not paid at the time of service. This charge is not payable by your insurance and will be due from the patient.
- 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 from the patient.
- There is a \$10.00 minimum fee for any paperwork/letters to be completed by our physicians. This fee is not payable by your insurance and will be due from the patient at the time of request.
- There is a \$30.00 fee for ALL returned checks.

---

Patient / Responsible Party Signature

---

Date