Matthew A. Berger, MD, PC

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NO-SHOW, CANCELLATION AND COLLECTIONS POLICY

Name _____ **Date** _____ **Patient Account #** _____
(Please Print) (Office Use Only)

Failure to appear for your scheduled appointment, failure to provide adequate notice to cancel a scheduled appointment (24-hours in advance), or failure to provide payment for co-pays, co-insurance or deductibles may result in the following fees. A valid credit card must remain on file and will be charged appropriately. A copy of the credit card receipt and a written explanation of charges will be mailed to the address on file.

MEDICATION MANAGEMENT APPOINTMENTS:
A charge of $50.00 for new patient appointment/$30.00 for follow-up appointment will apply to patient accounts for appointments scheduled with Dr. Berger,
Dr. Mallik, Dr. Nardell or any clinical staff member if:

- Patient does not show up for their scheduled appointment.
- Patient fails to provide 24-hour advance notice for a cancellation.

THERAPY APPOINTMENTS:
A charge of $40.00 will apply to patient accounts for appointments scheduled with any Therapist if:

- Patient does not show up for their scheduled appointment.
- Patient fails to provide 24-hour advance notice for a cancellation.

COLLECTIONS:

- All balances (including co-pays, co-insurance and deductibles) are due at time of visit. You will be notified in writing, along with a copy of a receipt, when charges have been made to your credit card.
- Any remaining balance on your account that is not paid within 90 days will be turned into a collection agency. If needed, you may contact our billing office for payment arrangements.

I have read and understand the no-show, cancellation and collections policy and agree to be bound by its terms.

Patient Signature* _____ **Date** _____

Name on Credit Card _____ **Exp. Date** _____

Credit Card # _____ **3 or 4 Digit Code** _____

Cardholder Signature _____

Patient Signature* _____ **Date** _____

Legal Guardian Name** _____

Legal Guardian Signature** _____ **Date** _____

*If patient is **14 or older**, patient must sign all paperwork and add legal guardians to their HIPAA.

If patient is **13 or under, a legal guardian must sign all paperwork.

If you have any questions, please ask our staff.