



Office Policy

Payment is required at the time of service. Insurance benefit is a negotiation between the patient or parent/guardian and the insurance company. Therefore, the patient or parent/guardian will be responsible for the copayments, deductibles and/or services that are not covered by insurance.

Our time is important for every patient and we like to dedicate our time to everyone. Please, be punctual to your appointments. If you need to reschedule an appointment, a 24 hour notice is required. There will be a \$25.00 fee if no notice is received on time. Even though we will try to call for appointment confirmations, it is still the patient's or parent/guardian's responsibility to remember their appointments.

A \$30.00 fee will be charged for a returned check from the bank, and only cash will be accepted for future payments.

Good communication is always the key for good relationships. Please, do not hesitate to bring us your comments or suggestions at any time. Thank you for selecting us for your treatment. We hope to make it a pleasing experience.

I have read and understand the above information.

Patient or
Parent/Guardian: _____ Date: _____