

## PATIENT RESPONSIBILITIES

### Arrival

**Arrive 15 minutes early for new appointments for processing paperwork.** To speed check-in, you may fax your paperwork to (888)285-0925. **Arrive 5-10 minutes early for follow-up appointments.** If you arrive late and cannot be seen before the next patient arrival, you may need to be re-scheduled.

### Patient Identification at Every Visit

Please bring your **photo identification** and your **insurance card** with you to every visit. It is our policy for the medical receptionist to verify your identity at every visit. If you do not have ID and insurance card your appointment may be rescheduled.

### Copayments/ Deductibles/ Outstanding Balances

All co-payments / deductibles /outstanding balances are due at the time of service. Please plan to make payments on these at every visit. In some cases, depending on treatment plan cost, we may ask for a prepayment on a percentage of the estimated charge on high deductible plans. For your convenience, we accept cash, check, Master card, Visa, American Express and Discover.

### Collection Agency Fee

In the event that our office outsources an account to a collection agency in order to collect a balance on a patient's account we will charge the patient's account for the costs incurred to collect the debt. By signing our office registration form, you are agreeing to this charge if collection action is taken on your account.

### No-Show Policy

1. Scheduled Office Visits: If you do not show up for a scheduled office visit, or cancel with less **than 24 hours notice**, we will charge a **"No-Show/Cancellation Fee" of \$50.00** for regular office appointments.

2. Scheduled Office Surgery: Office surgery slots are planned well in advance. These slots cannot usually be filled without significant lead-time, and re-arranging the schedule of other patient's time to fill your empty slot is difficult as well. Therefore, such lost time is a significant problem for our office. We therefore require **72-hour notice for cancellation of surgery time**. If you cancel office surgery with less than 72 hour notice, **the "No-Show/Cancellation Fee" of \$100 will be charged.**

I acknowledge the receipt of these polices and consent to the above \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)