

**FINANCIAL POLICY**

- Payment is due at the time services are rendered.
- Returned Check will have \$40 added to your account balance.
- Payment options can be offered for most services upon request.

**APPOINTMENT POLICY**

**We reserve the right to charge and collect \$50.00 per scheduled hour for appointments that are missed or cancelled without 2 business days advance notice.** Appointments are reserved exclusively for you. As a courtesy to you we may offer to move your appointment to an earlier time if openings arise.

**INSURANCE POLICY**

- Insurance is NOT a guarantee of payment; insurance companies will not pay for all your costs. Your policy is a contract between you and your insurer.
- *As a courtesy* we will be glad to file your insurance claims. However, you as the patient are ultimately responsible for all treatment costs.
- If your account balance has not been paid in full within 90 days, either by you or your insurance company, the remaining balance for treatment rendered is considered due and collectible by law.
- **YOUR PATIENT PORTION IS AN ESTIMATE ONLY. YOU ARE STILL RESPONSIBLE FOR ALL TREATMENT COSTS EVEN IF THEY RUN HIGHER THAN THE ESTIMATION.**

I have read and understand this financial policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Relation to Patient (if applicable)