

Patient Payment Agreement & Cancellation Policy

Please carefully read the following agreement. It explains your financial obligations while under our care and our policies regarding any scheduled visit cancellations. Payment is always due at the time of service. We accept the following forms of payment:

- Currency
- Check
- Visa
- MasterCard
- Discover

If you cancel your appointment with less than 48 hour notice, or fail to show for your appointment without notification, your credit card will be charged \$50. If you call to cancel your appointment with less than 48 hour notice and choose to reschedule another appointment at that time, you will be charge the standard normal deposit of \$50. If you reschedule your appointment and then cancel with less than 48-hour notice, or fail to show for your appointment without notification, your credit card will be charged for the full price of the visit. Regretfully, we have instituted this policy due to last minute cancellations, scheduling changes and no-shows.

RETURNED CHECK POLICY

There is a \$35.00 fee for a returned check. After two (2) returned checks for non-payment, cash will be required for all future appointments.

REFUND POLICY

There is no refund on services or purchases rendered. Unused gift certificate holders may receive a credit to select services offered. Gift certificates are Not-Refundable, Replaceable ore Redeemable for cash.

By agreeing to and/or signing this payment agreement & cancellation policy, you are indicating that you understand and agree to the terms of service explained above. You are also indicating that you have given your permission to us to charge your credit card if any of the above stipulations apply to you.

Print Patient or Guardian Name

Signature

Date

