

Office policies:

1. For **Safety reasons** children are **not allowed** in the treatment rooms with you, unless they are being seen as patients, please make proper arrangements for your children while you are being treated. Adult patients **can not** be accompanied by other adults in the treatment room.

2. **Missed Appointments:** unless cancelled 24 hrs in advance, our policy is to charge for missed appointment at rate of \$25.00 . Late cancellations or “no shows” are grounds for terminating the doctor/patient relationship.

3. There is a **\$25.00 fee for duplicating your x-rays.**, there is no exceptions.

4. **Payment Policy:** co payment/payment is due **before** treatment begins.

For your convenience we accept Cash, Debit, Credit cards (Visa, MC, Discover, AE) Care Credit and checks with proper ID.

5. **Collections:** in the event your account is referred to a collection agency or attorney, you will be responsible for attorney and court costs. We have established these policies to help us better serve you.

I have read the office policy as stated above. I understand and agree to these policies.

Signature of patient/adult

Date