



Terms and Conditions

Your copay is due and must be paid at the time of service. If you are unable to pay, we will reschedule your appointment.

You are responsible for all charges regardless of insurance coverage. You agree to pay the account with this office in accordance with the regular rates and payment terms within this office. If your account is referred for collections, you will pay all reasonable collection expenses including attorney's fees.

In the event there is a positive balance on your account of \$50 or less, that amount will remain on your balance until the end of the calendar year. If you visit us before the end of the year, your positive balance will be applied to your visit. At the end of the year, if your positive balance is more than \$50, we will send you a reimbursement check. Please cash your check within the allotted time as replacement checks will not be provided.

Scheduled appointments must be canceled 24 hours prior to the appointment to avoid a "No Show". Also, if you obtain more than 3 "No Shows" in a calendar year, you will be considered as a "Walk-In" for the remainder of that calendar year.

Parent/Legal Guardian Signature _____ Date _____