## NO SHOW POLICY and Co pay and deductible policy

Our goal is to provide quality service to our patients. Failure to keep scheduled appointments is costly to the practice and to the patients. This notice is to inform you of our policy concerning "No Shows". Patients who are not able to keep their appointments are asked to cancel 48 hours prior to their appointment. We realize that is not always able to be done due to unforeseen circumstances and we will consider that on a case by case basis. Providing this notice gives us the opportunity to work in other patients who are on a waiting list thus utilizing the practices time efficiently. If any patient cancels his/her appointment 3 times in a row they will be considered dismissed from the practice and a dismissal letter will be sent out.

We ask that all office visits be paid for at the time services are provided. If we participate with your insurance plan we will bill your insurance as a courtesy to you. If your Insurance plan requires a copay or a deductible we do require that those are paid at the time that service is rendered. Your insurance may require that you receive a referral from your primary care provider. If this is the case please make sure that your doctor sends that over to our office so that your visit will be paid for. If we do not receive this information, we will bill the visit directly to you. Please let us know if your insurance requires a referral and we will work with you to obtain authorization for your visit to our practice. Please be prepared to pay your co-payment or deductible every time you are seen. If you are not an HMO member but a PPO member please be prepared to pay for your portion of the expenses or the deductible amount that is due. If you are a self-pay patient, we offer a discount and you are please requested to pay on the date of your appointment.

I have read this policy and understand the details within it and accept the terms and responsibility.		
Patient Name	Patient Signature	Date