

## **Financial Policy**

In an effort to maintain a high level of affordable professional care, we now offer the following payment options. Payment is due at the time services are rendered if not prepaid in advance.

**Please indicate below which payment option that you wish to choose to settle your account:**

- ❑ **Cash or Check:** There is a 5% Prepayment Savings for any cash or check payment of the total bill (over \$300.00) when it is paid prior to your service date.
- ❑ **Credit Cards:** For your convenience we accept Visa, MasterCard, American Express and Discover. Credit card payments are welcome but are not eligible for any savings adjustments.
- ❑ **Outside Billing Service:** Upon credit approval, this option allows you to have interest free periods (3 to 12 months) to pay off your account.

**If you have insurance**, we will estimate insurance coverage and provide an estimate only. The patient is financially responsible for all treatment rendered including insurance claims not paid within 60 days of service.

## **Appointment Policy**

We ask that when you schedule an appointment with us, you make every effort to keep that commitment. *We do understand that personal emergencies do arise, and we always take that into consideration.*

If you find that you will be unable to keep your commitment, we ask that you give us at least **48 hours advance notice**, so that we may offer your appointment to another patient. Any appointments changed with less than a 48-hours notice will be subject to a \$75 broken appointment fee or 25% of the scheduled appointment.

If you have any questions regarding this, or any of our policies or procedures, we are more than happy to discuss them with you. Thank you for your understanding and cooperation.

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
California Driver's License

\_\_\_\_\_  
Date