



Office Policy and Guidelines

Payment in Full is expected at the time services are rendered unless other arrangements are made in advance. For your convenience, we do accept the following types of payment:

Cash, Check, Visa, MasterCard, Discover, and American Express

Since a wide variety of services are available in this office, we have no uniform policy that covers all procedures and treatments. **An insurance policy is a contract between the insured and the insurance company, we have no control or input with the insurance companies.** However, we will assist you by filing your Primary insurance as a **courtesy** for you. You will need to pay your co-payment on the day services are rendered. You will be responsible for filing your secondary insurance if you have any. The receipt that we will give you will assist you in filing secondary insurance.

Time is valuable for both you and Dr. Patel. Every effort to assist you in making a convenient appointment has been made; if you must cancel please notify us 24 hours PRIOR to your scheduled appointment. **If an appointment is broken or cancelled with less than 24 hour notice there will be a \$25 broken appointment fee charged to you.** If an appointment has been scheduled, please be on time, since ample time has been set aside for your treatment. If you are **TEN** minutes late, your appointment may be rescheduled.

A service charge will be added to all accounts 30 days past due. **A service charge for RETURNED checks will be added to the account in the amount of \$25.00 for each occurrence.** Any outstanding account balance 90 days or older with no activity will be turned over to the Magistrate Court or a collection agency for collection. It will be your responsibility to pay for any and all court or collection fees.

Any outstanding balances, not covered by your insurance company is ultimately your responsibility. Any unpaid balance from the insurance company that is more than 30 days old is also your responsibility and a statement will be sent to you. Any questions regarding unpaid balances should be directed to your insurance company.

If you have any questions we will be glad to answer them for you.

Thank You,

By my signature, I have read and understand the office policy of this office. In cases where payments are being accepted directly from the insurance company, I authorize payment to the provider.

Patient or Guardian Signature

Date