

## Office Policies/Procedures

**Attention:** The nature of our practice is to give you our patients the utmost in care and service. Please excuse and delays in being seen at your scheduled appointment time. We will give you the same careful attention as soon as possible. We appreciate your patients and understanding in this matter.

**Cancellation Policy:** If you cannot make it to your appointment we require 24 hours notice so that we can offer your timeslot to a patient that is on our waiting list. Be considerate so that another patient is not waiting for days for his or her appointment unnecessarily. There will be a \$50 charge for any appointment that's is not cancelled/re-scheduled at least 24 hours before the scheduled appointment time.

**Return check Policy:** There will be a charge of \$25 for any check that is returned. If your check is returned to us, all fees, co-pays and balances must be paid with cash or credit card from this point on.

**Additional Forms:** There will be a \$20 charge for each form that needs to be filled out by our office that is above and beyond those that are given to you at the time of your visit. **Examples** of additional forms are the following: medical records, insurance claim forms.

**X-rays:** X-rays may be checked out from us but they must be returned. You also have the option of purchasing a copy of your X-rays for \$15 per film.

**\*\* Please note:** We do not validate parking.

I have read and understand the above policies and procedures.

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Signature of Parent/ Legal Guardian

Print Name

Date \_\_\_\_\_