

**To reduce administrative costs to the office,
we have implemented the following
OFFICE POLICY**

**1. Payment and Co-pays are to be PAID IN FULL,
on the day services are rendered,
unless arrangements are made in advance.**

➤ If payment is not made at the time of your visit, there will be a \$10 administrative surcharge if we need to bill you.

2. Please *notify receptionist immediately* of any changes to your:
Address
Phone number
Insurance Coverage

3. Sorry, we do not accept checks for Co-Payments. Only cash or credit card.

4. There is a \$30 charge if:

- Your check is returned.
- You fail to notify us of a change in your insurance, **BEFORE** we file your insurance claim.

5. Please note, there will be a charge for the following requests:

- ◆ Letter for Disability or completing Disability Forms (\$20)
- ◆ Letter of Medical Necessity (\$10)
- ◆ Family Medical Leave Application (\$25)
- ◆ Copies of Medical Records (\$0.75 per page, plus postage)

THIS OFFICE IS HIPAA COMPLIANT.

- We reserve the right of charging any unpaid bill a compounding interest at a common rate of 1.5% per month which is 18% per year.
- If your bill is submitted to a collection company, any discount which was given to you will be voided and you will be charged at full rate.
- In addition, any collection company surcharge will be added to your bill.