

OFFICE POLICIES AND PROCEDURES

Please read the following office policies. Initial and sign the bottom in agreement.

___ *Broken Appointment Policy (48 HOURS NOTICE)*

___ *Broken Appointment Charge (\$65 per ½ hour)*

___ *Financial Policy (Payment due upon services rendered)*

___ *Interest on Past due Balances (1.5% after 30 days)*

___ *Bounced Check Charge (\$36 per incident)*

I acknowledge the following policies and will adhere to them as a patient of this office.

Signature

Date