

Missed Appointments /Untimely Cancellations

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. If you are unable to keep your appointment, please give 24-hours notice to avoid being charged. We reserve the right to charge for missed or untimely canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Return Checks/Rejected ACH Withdrawals: A \$30.00 charge will be added to your account for any checks returned or ACH withdrawals rejected by your bank for any reason in addition to any fees that your financial institution may charge you. These balances must be paid in full prior to your next appointment.

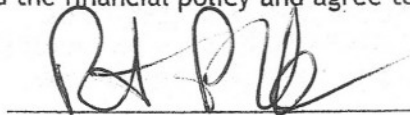
Disability or Insurance Forms: There will be a charge of \$10.00 per page for the completion of medical forms. Payment is due at the time that you pick up the forms. Please allow 7 - 10 days for the completion of these forms.

PROMPT PAYMENT - Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to seek your medical care from another medical office. Please contact the billing department at 214-370-3535 to discuss payment.

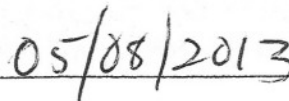
Questions or concerns related to billed charges shall be directed to the Billing Office at 214-370-3535.

Thank you for allowing us to service you.

I have read the financial policy and agree to its terms.



Patient Signature



Date Signed

Revised 5/24/2010