



It has become necessary that we must institute the following policies :

- I understand and agree that if my check is dishonored or returned for any reason Check Plus will electronically debit my account for the amount of the check plus a processing fee of \$25.00.

Signature

Date

- I understand I will be charged and agree to pay a fee of \$25.00 if I do not cancel my appointment 24 hours prior to the appointment.

Signature

Date

- I understand and agree that all copayments are to be paid prior to seeing the doctor, and if I fail to pay my copayment that my appointment may be rescheduled to another date.

Signature

Date

REV.01/12/2012

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