Patient Payment Responsibility

All payments must be made by cash, check or credit card on the day services are rendered unless we agree to bill your insurance directly based upon prior approval and authorization. If we do bill your insurance directly and for any reason your insurance company sends you the check, you are legally and contractually obligated to forward such funds and related explanation of benefits to our office upon receipt. Under any circumstances, if the below authorized credit card is declined or unable to process the full amount of the charge, all outstanding funds must be paid within five (5) days of notice. Any dishonored checks will be charged directly to the below authorized credit card for the amount of the check plus a $25 processing fee and any related bank charges.

Patient Appointment Cancellation Responsibility

Authorized Credit Card (Please read your patient responsibilities above)

We request that you please give our office a 24-hour notice in the event that you need to reschedule your appointment. This will make the appointment time available to someone else. Our scheduling number is 305-792-8393. If you miss an appointment and do not contact us with at least 24 hours prior notice, we will consider this to be a missed appointment and a $50.00 fee will be charged to your credit card.

I have read and agree to my responsibilities as a patient and the patient cancellation policy. Even though I may be paying for services rendered with cash, check, or insurance, if necessary I authorize the above fees to be charged to the following credit card:

Credit Card Type (circle one): MC VISA AMEX

Card # _____

Exp. Date: Month/Year: /_____CVV#_____

Name as it appears on card: _____

Card Billing Address:

_____

Patient Signature:_____

Date:_____