



## Payment Policy and Procedure Agreement

- Payment is required at the time of service.
- If you are unable to keep your scheduled appointment, please call 24 hours in advance to cancel. **There will be a \$50 missed appointment fee charged for less than 24 hours notice or if you fail to show with no notice.**
- If your balance exceeds **\$300** and you have not made a payment, or we have not received payment from your insurance company we will be unable to schedule an appointment until the balance has been reduced.
- We require keeping a credit card on file to be charged in case of either of these events.
- Please initial here if you would like to have this card charged for copays, co-insurance or deductibles at each visit. \_\_\_\_\_

Client Signature

---

Date

Credit Card Information

Master Card      Visa      Discover      AMEX      Other \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ CRV \_\_\_\_\_

Expiration \_\_\_\_\_ Zip \_\_\_\_\_

Client Signature \_\_\_\_\_

\_\_\_\_\_ I decline to give my credit card information.