



Office Policy

We are dedicated to providing you with the best care possible. If you have medical insurance we are committed to helping you receive your maximum allowable benefits.

- Payment for service is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, Discover and American Express.
• Returned checks may be subject to a \$35.00 service charge fee. Repayment may be required in cash, money order or credit card only.
• Filing of Insurance
o Sclerotherapy (Spider Veins) - We will be happy to provide you with copies of forms to assist you in filing insurance claims for spider vein sclerotherapy.
o Surgery and diagnostic procedures. As a courtesy to you, we will assist with your insurance for surgical and diagnostic procedures.
o Medicare - all procedures considered "medically necessary", will be filed to Medicare Part B (not Medicare HMO plans).

As the Patient, you have the Ultimate Financial Responsibility. Payment is expected at the time the services are rendered by this practice. In the case that insurance may pay a portion of your charges, your estimated payment (considering expected insurance coverage) is required to be paid at the time of service.

Missed or Cancelled Appointments - The timeliness of treatment is important for you to achieve optimal results. We accommodate patient schedules as best we can. In consideration of this and our other patients, this office requests a 48 business hours notice for cancellation of an appointment.

Late Arrival - Please understand that a specific amount of time for each treatment is allotted. If you arrive late it may be necessary to reschedule our appointment to maintain the schedule of appointments for all patients.

I, (print name) _____, have read and understand the cancellation policy and the terms and conditions of my financial obligation and agree to honor the office policies as outlined above.

Patient Signature

Date