

REGARDING WORK RELATED INJURIES: We will file Workers Compensation claims with your employer or our employer's WORKERS Compensation Insurance carrier. Written or telephone authorization is required from your employer prior to treatment. If prior authorization is not obtained, you are responsible for full payment at the time of service. If your company's workers compensation carrier has not paid your account in full within 90 days of your date of service, the balance will be transferred to your account and it is your responsibility to pay in full by the statement due date.

MISSED APPOINTMENT: Please notify our office at least three hours in advance if you cannot make your appointment. We reserve the right to discharge you from our practice if you have three no-shows for scheduled appointments.

RETURNED CHECKS: A \$25.00 service fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pay by cash or credit card for additional services.

COLLECTIONS: We reserve the right to forward your account to a collection agency if it is determined to be uncollectible.

**I UNDERSTAND AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY.**

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Signature of patient/responsible party

\_\_\_\_\_

Print patient/responsible party

\_\_\_\_\_(DATE)