

# New Patient Orientation Sheet

**\*\*Please read carefully to avoid any misunderstandings in the future\*\***

1. Reserve your appointment well in advance to ensure availability. Appointment slots fill up quickly.
2. Be on time for your appointment. If you are going to be more than **15 minutes** late from the scheduled time, you may be required to reschedule for another day.
3. We require a 24-hour notice when cancelling your appointment. If you **fail to show** for your appointment or cancel with less than a 24 hour notification, you will **personally be charged \$25.00 a visit.**
4. Know your insurance plan benefits. We will do our best to answer as many questions as possible, but it is ultimately your responsibility to know your insurance plan benefits. Co-pays, number of visits allowed, authorizations, etc.
5. Co-pays and Co-insurance are due at the time of service.
6. It is unlawful to waive co-payments, deductibles, co-insurance or other patient responsibility payments.
7. Payment methods available for your convenience include: personal checks, credit cards, cash, or monthly payment plan.

I have read and fully understand the policies described above. I hereby agree to follow these policies to the best of my ability.

**New patient signature** \_\_\_\_\_

These policies help promote a smooth running facility and enable us to provide you with the highest possible quality of care. We thank you for your cooperation and your support!