



Office and Financial Policies

- ⦿ Our office **limits ONE PERSON OVER THE AGE OF 16 to accompany you** in our office.
- ⦿ Failure to provide our office with a **minimum of 24 hours' notice** when rescheduling or cancelling appointments **will incur a \$50 service charge**. This charge is not covered by any insurance carriers
- ⦿ You may be asked to **reschedule** your appointment if you are **more than 10 minutes late for your check-in time**
- ⦿ **Ultrasound images** will be texted to you via Trice and available to download/save onto any device, social media, or Trice app. If images are **requested after 30 days, a \$25 fee is applied** to retrieve the images from archives.
- ⦿ All co-payments, non-covered, self-pay services, outstanding and estimated balance must be **paid prior to being seen**.
- ⦿ **On my last visit**, I agreed to pay the provided estimated amounts for all outstanding visits.
- ⦿ **In the event that I receive a statement or notification of outstanding balance, I agree to pay ALL outstanding balances within 30 days of the notification date or risk being transferred to an outside collection agency**
- ⦿ If I am unable to pay the balance in full, I **agree to place two credit cards on file** allowing HRPC of KC to automatically withdraw an agreed upon monthly payment. Failure to follow these guidelines will result in dismissal from the practice, immediate remittance to an outside collection agency, and cancellation of all existing appointments.
- ⦿ In the instance of **disagreements or noncompliance**, HRPC of KC **reserves the right to discharge any patient** from this practice at any time for failure to comply with treatment recommendations, office/financial policies, or hostile behavior towards staff members or other patients.

Signature: _____

Date: _____