

**Office Policies**

Payments can be made by CASH, CHECK, MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS. Care Credit credit cards are also accepted at the 6-month financing rate for invoices over $200.

**DEPOSITS:** There is a $50 deposit for scheduling new patient appointments. This amount will be deducted from your final bill on the day of your visit. Credit card authorization needs to be completed at the time of scheduling the appointment. The deposit will be refunded if the appointment is cancelled with **at least 24 hours notice.**

**CHECKS:** There is a $30 fee for all returned checks. Check returns that exceed two times will require patient to pay with cash or credit cards for future appointments and checks will no longer be accepted.

**PAYMENT:** The patient is financially responsible for all services rendered at the time of their appointment, and if payment cannot be secured, the patient is responsible for all costs of collection and attorney fees when collecting past due accounts.

**REFILLS:** Staff are not responsible for informing patients about prescription refills. It is the responsibility of the patient to submit refill requests before their prescription runs out or to schedule an appointment if no more refills can be prescribed. Refill requests may take 24-48 hours to be processed, depending on the medication prescribed. Office staff will inform the patient when their refill request has been approved or denied. Please plan accordingly.

**FREQUENCY OF VISITS:** Current patients need to be seen by Dr. Pacholec at least once every 6-12 weeks to keep their current prescriptions active. If visit frequency exceeds 6 months, patients will be expected to pay a higher visit rate for a detailed consultation with Dr. Pacholec.

**Cancellation Policy**

We require that you leave a credit card number to hold your appointment. If you miss an appointment without prior cancellation or cancel a follow-up appointment with **less than 24 hours notice**, we will charge a $25 cancellation fee to this card. If you cancel due to an emergency, this fee can be applied to your next visit. For new patients who miss their first appointment without notice or with less than 24 hours notice, this fee with be $50.

CC Number Expiration Date

Type of Card CVV Code:zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient:

Signature: