

OFFICE PAYMENT POLICY

- Payment Due at time of service
 - Accept Visa/MC/Debit
- \$15.00 Charge for each returned check
- As a courtesy, we will bill your insurance company
 - Balance due is the Patient's responsibility
- We give ESTIMATED cost for services. In the event your insurance company does not cover the procedure and/or partially pays, then the balance due is the patient's responsibility.
- In the event that it becomes necessary for the doctor to employ legal counsel and/or initiate litigation to recover any sums due as a result of services provided to the patient the doctor shall be entitled to recover reasonable attorney fees incurred in such action. The patient agrees that the venue for any litigation required to recover money for services rendered shall be in St. Charles County.
- \$25.00 Charge for MISSED APPOINTMENT and/or cancellation of appointment without 24 hour notice.
 - \$15.00 Charge for Records Transfer