



## Financial Policy

### Payment Policies:

· **Payment for services is due at the time of service.** We accept Cash, American Express, Visa, Mastercard, and Discover.

· We do not accept checks.

### Appointment Cancellations:

· There is no penalty for appointment **cancellations** made **at least 24 hours in advance.**

· The **first** appointment cancelled with less than 24 hours notice will be charged at a rate of **\$50. Thereafter**, cancellations with less than 24 hours notice will be charged at the **full rate of \$150.** Fees must be paid in full prior to the next appointment.

### Medical Records:

· Copies of medical records may be obtained upon request. Please allow 10 days for processing. A fee of \$20 is charged for the first 20 pages, and then \$0.50 for each additional page. This does not include records that are directly transmitted to other sources, such as another medical office, school, or therapist.

### Acknowledgement:

I, \_\_\_\_\_, acknowledge that I have read the payment  
(print patient or guardian name)  
and cancellation policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_