

**OAKWOOD PRIMARY CARE
AND
PREMIER ARTHRITIS & OSTEOPOROSIS CENTER**

FINANCIAL POLICIES

Charges for office visits are due in full at the time of service. If insurance coverage is verified, we will be happy to bill your insurance company for services rendered. Any co-payments, deductibles, and balances due for non-covered services are due at the time of service. Co-payments not paid at the time of service will be assessed a \$10.00 service fee. For your convenience, we accept Cash, Check, MasterCard, Visa and Discover.

There is a \$25.00 no-show/late cancellation fee. All appointments must be cancelled by 3 p.m. of the previous day or by 3 p.m. on Friday for a Monday appointment. Emergencies and extenuating circumstances will be handled on an individual basis.

My signature below indicates that I have been informed of the aforementioned policies.

Patient Signature

Date