



Office Policies regarding Failed Appointments and Worthless Checks

**Failed Appointment Contract**

For the following new patient: \_\_\_\_\_

There is a \$75 **non-refundable** fee for the first missed treatment appointment without at least a 24-hour notice.

In order to reschedule following a missed treatment, the patient portion of the treatment must be paid to hold a new appointment.

For patients with Louisiana Medicaid, failure to appear for their scheduled appointment or cancel with less than a 24 hr. notice, this office reserves the right to dismiss or place the patient for walk-in only. **We must have current contact number on file to confirm all appointments.**

In order to avoid penalty, please make every effort to keep your scheduled appointment, if you must cancel, please give us as much notice as possible.

NSF CHECK POLICY

**Worthless Check Contract**

Payments made by check that are not honored by the bank will incur a returned check fee of \$25.00. The payment will be reversed from the account which the check was written to. A collection letter is sent to the account holder notifying them of the returned. Account holder will have **10 business days** to honor check for correct amount. Returned check reimbursement payments must be in the form of cash, cashier's check, certified funds or money order. If no action is taken within 10 days, account will be turned over to DA's office.

X \_\_\_\_\_ Date \_\_\_\_\_

Patient, Parent or Legal Guardian Signature