

# ARTHRITIS & RHEUMATIC CARE CENTER

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## FINANCIAL POLICY

At the time services are rendered, we collect payment of charges which are not covered by your insurance company or Medicare (co-payments, deductible, coinsurance, etc.)

All non-covered balances older than sixty (60) days are considered overdue, unless other payment arrangements have been made. Such balances may be turned over to our collection agency. If this action becomes necessary, you will be responsible for all costs of collection fees, including interest.

If you have any questions regarding this policy, please do not hesitate to ask us.

### Notice - Effective September 1, 2008

As a courtesy to the doctors and other patients who are in need of our services, PLEASE call us if you are unable to keep your scheduled appointment. Patients who do not show up, or cancel/reschedule without providing **24 hour notice will be charged \$25.00.**

Thank you for your cooperation.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE.**

Name (Print) \_\_\_\_\_

Signature\_\_\_\_\_

Social Security Number\_\_\_\_\_

Date\_\_\_\_\_