

# 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.

### CANCELLATION POLICY

Patients who do not show up, or cancel / reschedule an appointment **within 24 hours** **will be charged a \$25 fee for each appointment.**

When a patient does not show up for a scheduled appointment, it creates an unused slot that could have been utilized for another patient in need. As a courtesy to the doctors and other patients,

**PLEASE** call us within 24 hours if you are unable to keep your scheduled appointment.

After two consecutive or no show appointments, the balance on your account will be required to be paid in full before any future appointments are made.

Thank you for your cooperation.

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

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

Signature \_\_\_\_\_

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

Date \_\_\_\_\_