

## PATIENT CONSENT AND WAIVER FORM

I, \_\_\_\_\_, understand that I am or will be responsible for all charges associated with today's visit and any subsequent visits relating to the diagnosis, testing, and treatment of any conditions, including but not limited to the following items:

- **NO REFERRAL AT TIME OF VISIT:** If you did not bring or have a valid insurance authorization referral (if your insurance requires one) at the time of your visit and still wish to be seen, you will be responsible for all charges.
- **NO INSURANCE:** You will be responsible for all charges associated with all visits.
- **MISSED APPOINTMENTS:** All patients receive a reminder prior to the appointment as a courtesy. If an appointment is cancelled up to 24 hours prior to your appointment, you will not be charged. If you cancel without 24-hour notice (without an urgent circumstance), you will be charged \$50.00 as an established patient and \$100.00 as a new patient. If you fail to show for your follow up appointment, you will be charged \$50.00. If you fail to show for your new patient appointment you will be charged \$100.00. More than two consecutive same day cancellations or reschedules will result in discharge from the practice.
- **CHANGES IN INSURANCE:** Patients are obligated to inform our office of all insurance changes. All co-pays and fees are due in full at time of service.
- **DELINQUENT ACCOUNTS:** In the event that your account becomes delinquent, you will be liable for all reasonable collection/attorney fees plus filing cost and processing fees.
- **DISABILITY FORMS:** All forms will require 5 business days to process

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Patient's Signature or Responsible Party

Date