Cancellation of Appointments

I agree to keep all scheduled appointments unless I notify the office at least 48 hours prior to the appointment. **I understand that failure to keep a scheduled appointment may result in a missed appointment fee of $35**. If we were able to fill your appointment spot with less than a 24 hour notice we will not charge you.

Signature of patient/ guardian **Date**

Payment Information

Payment is expected at the time services are rendered. If you are using insurance, please be aware that the payment to be expected the day of treatment is an **estimated** amount and there may be a residual balance. If this is the case, you will be billed for the remaining amount. A charge of **$55** for all returned checks will be added to your account.

Signature of patient/ guardian **Date**