

OFFICE FEES AND PROTOCOLS

Patient's Name: _____ Date of Birth: _____

MISSED APPOINTMENT FEE

If you miss an appointment without a 24-hour cancellation notice, you will be charged a \$45.00 missed appointment fee; however high level appointment charge (i.e. annual physical, well women exam) will be \$125.00.

_____ PATIENT'S INITIALS

LABORATORY FEE

The laboratory company will bill all laboratory fees directly to you and your insurance company.

_____ PATIENT'S INITIALS

MEDICAL/LEGAL PROTOCOLS

The following are known reportable events in the State of Arizona:

- Animal bites
- Sexually transmitted diseases (STD)
- Child abuse/Adult abuse

Please note that we do not need a patient's permission to report these reportable events. Reportable events are not contingent on if you are seen, but instead each is a medical and legal obligation to report.

_____ PATIENT'S INITIALS

LATE CHARGES

I understand that I am responsible for all bills, I understand that unless other arrangements are made, I must pay the bill in full after receiving the first statement.

If I do not pay the entire balance within thirty days (30) of the monthly billing, date, a late charge of 18% on the balance then unpaid and owed will be assessed each month. (unless prohibited by your health insurance contract with us).

I further understand that failure to keep this account current will result in AllCare being unable to provide additional medical services except for medical emergency or when there is prepayment of additional medical services.

In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect costs on this amount or any future outstanding account balances.

_____ PATIENT'S INITIALS

Patient Signature

Date

Legal Guardian/Representative Signature (if Minor)

Date