

TOTAL PATIENT CARE LLC

THE POLICY OF OUR OFFICE FOR UNRESOLVED PATIENT-PAY BALANCES

We reserve the right to add a collection fee of \$25.00 to the patient's account if past due 60 days or more and sent out to our collection agency.

POLICY FOR NO-SHOWS AND/OR CANCELLATIONS NOT WITHIN 24 HR NOTICE

We reserve the right to charge \$50.00 after a patient has four (4) no-shows (or two (2) 30-minute appointments) and/or cancellations not giving 24-hour notice.

OFFICE POLICY

Patients who arrive 15 minutes or more after their appointment time may not be seen, depending on the physician's schedule and physician's decision. Please call the office if you are running late.

Please be advised that our billing notifications and appointment confirmation text messages are sent through **iPass**.

You may receive reminders, balance notifications, or appointment confirmations from this system. These messages are legitimate and are being sent on behalf of our office.

If you have any questions regarding a message you receive, or would like to opt out from receiving text messages, please contact our office directly.

Please sign below and acknowledge our policies.

Name: _____ Date: _____