

GENERAL POLICIES AND CANCELLATION POLICY



1. **APPOINTMENT:** Schedule appointment for our Cordova office you can call at (901) 707-7431, Wednesday 10:00 am – 6:00 pm and Saturday 11:00 am – 3:00 pm, or [book an appointment online](#).
2. **BE PREPARED FOR APPOINTMENT:** A new patients please print and filled up the registration form. Please bring your photo ID and insurance card(s) and a list of your current medications including the name of the medication, and the dosage and frequency (please include prescription medicines, over-the-counter, and vitamins /herbal supplements).
3. **ARRIVAL TIME:** Please arrive 15 minutes prior to your appointment to allow time for administrative tasks.
4. **PAYMENT:** All co-pays, coinsurance and/or deductibles are due at the time of service. We accept cash, checks, and major credit cards. A \$35.00 Returned Check Fee will be applied to your account if your check is returned for insufficient funds. After 30 days, if no response from the insurance company, the patient will be billed for the balance due.
5. **NO-SHOWS:** A \$25 fee is assessed to patients who do not show up for appointments. If you arrive 10 or more minutes late, please call to inform us we may have to reschedule your appointment.
6. **MINORS:** Minors, patients under the age of 18, must be accompanied by their legal guardian.
7. **CANCELLATION POLICY:** Time has been specifically reserved for your provider appointment, procedure or treatment. If you need to cancel or reschedule your appointment, please contact us 24 hours in advance, of your scheduled appointment time or a \$25 fee will be imposed. We send reminder email for appointments 24-36 hours prior to your scheduled appointment. If you do not receive your message or we have incorrect information the cancellation policy will still be in effect.

I understand the above and by signing agree to the terms of this office.

Signature of Patient

Date

Patient's Printed Name

