Office Policies regarding Failed Appointments and Worthless Checks

Failed Appointment Contract

For the following new patient: ____________________________________________

If the aforementioned patient fails to appear or cancels four or more scheduled appointments with less than 24-hours notice within a one-year period, this office reserves the right to terminate care to that patient.

In order to avoid penalty, please make every effort to keep your scheduled appointment; if you must cancel please give us as much notice as possible.

For your convenience we have included a current holiday schedule and Tangipahoa Parish School System calendar.

Worthless Check Contract

NSF CHECK POLICY

Payments made by check that are not honored by the bank will incur a returned check fee of $25.00. The payment will be reversed from the account which the check was written to. A collection letter is sent to the account holder notifying them of the returned. Account holder will have 10 business days to honor check for correct amount. Returned check reimbursement payments must be in the form of cash, cashier’s check, certified funds or money order. If no action is taken within 10 days, account will be turned over to DA’s office.

X_________________________________________ Date__________________________________
Patient, Parent or Legal Guardian Signature