ANTHONY J. CHRISTOFF, D.O.

BOARD CERTIFIED IN FAMILY PRACTICE

OFFICE POLICIES

1. Check In

- All patients are required to sign in prior receiving any services.
- All patients must present their insurance card for each visit.
- It is the sole responsibility of the patient to provide us with all insurance information and to be sure that it is accurate.
- If no insurance information is given at the time of service, the patient is responsible for the bill.
- The insurance companies give this office the responsibility of collecting co-payments at the time of service. We will not bill for the co-payment. It must be paid in full at the time of service.
- If the patient is unable to pay co-payment, please reschedule your appointment. Patients have a contract with their insurance company regarding co pays.

2. Forms of Payment

- This office will accept cash, checks or credit card (Visa or Master card).
- Checks will be made payable to A.J. Christoff, D.O.

3. Overdue Balances

- Payment of current balance is due no later than the due date. Any balance over thirty (30) days will be charged an additional amount of 1.5% interest for each month not paid.

4. No Show

- Patient who does not cancel appointment or does not show up.
- 1st No show-No charge
- 2nd No show-$50.00 charge
- 3rd No show- $50.00 charge and review for termination

5. Cancellations and Late Arrivals

- All appointments must be canceled 24 hours in advance.
- If patient is 15 minutes late, the provider will approve whether or not to see the patient.
- If the provider sees patient, the patient will receive the next available time slot.

6. Lab

- In office, hospital lab, or other lab facilities.
- No x-rays on site.

I understand and agree with the above statements.

Patient or Guardian Signature:_____

Print Full Name:_____

Date:_____

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