

POLICY FOR MISSED APPOINTMENTS & CHANGES/CANCELLATIONS

If you need to change or cancel an appointment, we kindly ask that sufficient notice be considered so that another patient may take advantage of the time you are changing. The policy is as follows:

- **24-hours notice** (1 complete business day not including weekends or holidays) to reschedule an appointment for a follow-up visit.
- **48-hours notice** (2 complete business days not including weekends or holidays) to reschedule an appointment for a new patient visit.

Please note that cancellations or changes with less than the above-mentioned notice are considered “missed appointments”. More than 2 appointments not cancelled at least 24 hours prior to the appointment time (48 hours for new patients) may be billed a \$25 missed appointment fee. More than 3 missed appointments not cancelled at least 24 hours prior to the appointment time (48 hours for new patients) may result in dismissal from the practice.

We implement this policy because the health of our patients is our highest priority. It is with this in mind that we discourage missed appointments and appointment cancellations in all but the most exceptional situations.

INSURANCE & PAYMENT POLICY

Proof of Insurance: Please complete the patient information form before seeing Dr. Sutter. At that time, we will also ask for proof of insurance in the form of a copy of your current, valid photo I.D. and current, valid insurance card. If you are not insured or cannot provide proof of insurance then payment in full for each visit is required.

Insurance: If you are insured by a plan with which we are not a provider, payment in full for each visit is required. Please contact your insurance company to verify that Frederick T. Sutter M.D., LLC is a participating physician. Further, we ask that you pay for any non-covered services in full at the time of your visit and denied services will be billed to the address you have provided.

Co-Payments & Deductibles: If we are a participating provider with your insurance company, they require that we collect all co-pay and deductibles at the time of service.

Non-Payment: If your account is past due, you will receive a letter stating that payment is expected upon receipt. Partial payments will be accepted if arrangements have been made. If your account remains unpaid, we may refer your account to collection and/or you may be dismissed from this practice. If either collection or dismissal does occur, you will be notified by mail at the address you have provided.

AGREEMENT

I understand the office policies as stated above and I agree to fulfil my responsibilities as a patient as stated herein.

Patient Signature

Date