## **OFFICE POLICIES**

**EFFECTIVE DATE: May 1, 2021** 

- 1. Any check returned from your financial institute, will be charged an additional \$40.00 for each occurrence.
- 2. If You do not give 48-hour (Excluding Weekend & Holidays) notice to cancel an appointment there will be a charge of \$50 to \$250.
- 3. Initial visits are limited to evaluation only. At the end of the evaluation Doctor may choose to discharge the patient. Follow up appointment(s) will be based on the agreed upon treatment plan.
- 4. Any forms that need to be filled out by Dr. Mirza will be a charge of \$15.00 to \$300.00.
- 5. Chart copies \$1.00 per page +\$10 administration fee. (Max \$100.00)
- 6. Coinsurance / Copays due at the time of office visit. Tele Med visits, Copay / Coinsurance to be mail to the office prior to follow up visit.
- 7. Medication pre certification request \$10.00 each.
- 8. Due to high cost, this practice discourages the use of credit or debit card. You may use credit / debit card with additional fees.
- 9. If you do not keep appointment(s) / not in compliance with the treatment. This may result in discharge from this practice.
- 10. We have been notified by certain insurances that payments are being sent to the patient directly. If you receive payment from your insurance carrier, you must mail or bring payment to this office. Failure to do so may result in the cancellation of the appointment and discharge from this practice. You will also be responsible for all fees pertain to collection process.

Patient Signature	Date

## **PATIENT COPY**

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