

PAYMENT POLICY

Thank you for choosing The Salerno Center. If you have any questions regarding fees for our services, please discuss them with us promptly and frankly. In all cases, it is our intent to fully explain and inform you of all procedures, options and fees in advance of treatment. If you ever have questions, please do not hesitate to speak with a member of our technical or billing staff.

Payment is due in full at the time service is rendered unless prior arrangements have been made. Payment may be made with any combination of the following: Cash, Checks, MasterCard, Visa, American Express and Discover. For your convenience, we also offer extended payment plans through CareCredit. Please feel free to request an application.

If you have insurance, we will provide you with the standard form(s) typically needed for filing a claim at checkout. However, you are responsible for filing your own claim and following up as needed. Further, please be advised, many of the services provided at The Salerno Center along with supplements, are not covered by insurance companies.

Missed appointments waste valuable staff resources and increase fees for everyone. A missed appointment without a 48-hour cancellation notice for existing patients, or one-week notice for new patients, interferes with the practitioner's ability to properly complete the planned treatment and his/her schedule. Our missed appointment policy is strictly enforced and is intended to prevent ALL patients from having to pay higher fees due to the irresponsibility of a few. The fee for a broken appointment will range from \$100-\$200 (up to 50% of the consultation fee). To avoid incurring a missed appointment fee, please adhere to the following notice requirements:

- One week notice is required to cancel an initial (new patient) appointment
- 48-hour notice is required to cancel an established patient appointment

In the event we receive a returned check (due to insufficient funds or closed accounts) you will be charged an additional fee of \$50.00. If your account is turned over to a third party for collection, there will be a charge of at least 50% of your total balance to cover attorney's fees and other collection costs.

If you have any questions about the above information, please do not hesitate to speak to our billing staff. We are truly here to help you.

I have read, understand and agree to comply with the above payment policy.

Patient's Signature

Witness Signature

Patient Printed Name

Witness Printed Name

Date

Date