



## ADVANCE PAYMENT REQUIREMENT

**The Care Group PC requires a minimum \$150.00 advance payment for all appointments for an individual new to our practice.** The Care Group PC requires this payment because our providers and medical assistants reserve the appointment time specifically for you at the exclusion of other patients.

The payment operates as a credit on the patient account towards the total patient responsibility portion due on or after time of service, subsequent to any insurance benefits received.

**The advance payment requirement is subject to our Cancellation Policy.**

The payment requirement may be via credit card when scheduling the appointment.

I understand and agree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CANCELLATION POLICY

The Care Group PC makes an effort to see patients on time in order to give patients the care they deserve. Therefore, we ask that you **please give 24 hours' notice if you are unable to keep your scheduled appointment.**

**We reserve the right to charge a cancellation fee of \$100.00 in the event of missed appointments lacking proper notice.**

We will make exceptions in the event of reasonable emergencies.

I understand and agree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_