

Dr. Ray Kong, PhD OMD

Statement of Patient Financial Responsibility

PACKAGE PURCHASE POLICY

In an effort to help reduce the cost of treatment for our patients, we offer a package at a discount rate. The package is non-refundable, but has no expiration date, and can be shared among family and friends.

I have read and understand the Package Purchase Policy as described above

Initials

CANCELLATION/LATE ARRIVAL/NO-SHOW POLICY

We kindly ask that you give us at least 24 hours notice if you are unable to make your appointment. Our fees are very reasonable for the care that you deserve and desire.

When you reserve an appointment, we reserve a room exclusively just for you, which means that other patients who may want an appointment at the same time are unable to get in. We regret that sometimes late arrivals may not be able to receive an extension of scheduled service time, and will be responsible for the full service fees.

Some appointments may have to be cancelled due to late arrival, and will be charged \$10. No-shows will be charged \$20, and same day cancellations will be charged \$10.

I have read and understand the Cancellation/Late Arrival/No-Show Policy as described above

Initials

RETURNED CHECK POLICY

A \$40.00 charge applies to all returned checks.

I have read and understand the Returned Check Policy as described above

Initials

I have read, and agree to the Patient Financial Responsibilities as described above.

Patient/Guarantor Signature _____ DATE _____