

**For your first appointment,
please arrive 20 minutes
before your scheduled
appointment**

**Please read office policy
before signing**

**DR. CYNTHIA FERRELLI, D.P.M., N.M.D.
330 HARRIS HILL ROAD - SUITE B
WILLIAMSVILLE, NY 14221**

OFFICE POLICY

PLEASE NOTE: For my children's safety, children are not allowed in treatment/exam room unless they are the patient due to sharp instruments, power tools and hazardous materials.

I am aware that co-pays are payable on the day of service in the form of: cash, check, or money order plus credit or debit cards.

CREDIT, DEBIT, FLEX OR HEALTH SAVINGS CARDS FOR CO-PAYS, AND ACCOUNT BALANCES WILL BE ACCEPTED WITH A 3% PROCESSING FEE. THE OFFICE EXERCISES THE RIGHT TO USE MY CARD ON FILE FOR ANY UNPAID BALANCES OVER 30 DAYS OR THE BALANCE WILL GO TO COLLECTION PLUS A 30% FEE ADDED TO THE BALANCE ALONG WITH ANY APPLICABLE ATTORNEY FEES.

I authorize the release of any medical information about me to the proper agency to determine medical benefits. I authorize payment of medical benefits to be made directly to Dr. Cynthia Ferrelli and accept responsibility for any remaining balances not covered by my insurance. I realize that I am responsible for my health insurance coverage despite the fact that I may inadvertently receive incorrect information or misinterpret information. **I realize that I may have a health insurance deductible that needs to be met first before my medical services are covered.**

Any restrictions concerning the use of personal medical information must be made in writing. This document will remain in effect until I advise the office of necessary changes. I am aware that unless I indicate otherwise, the office may leave appointment reminders and/or other treatment and payment related messages at the number(s) that I have provided.

If my checking account has insufficient funds, I will incur a \$20 service charge.

It is my responsibility to keep track of my appointments. I will not rely solely on a courtesy reminder call. **I agree to pay a \$40 fee incurred for any missed appointments** (barring an emergency) in which I do not notify the office 48 hours in advance. You may leave a voice mail message. If not paid within 14 days, this will be sent to collection.

Signature

Date