

## **General Policies**

Welcome to our practice. We look forward to working with you on your healthcare needs. Please read over and initial the entire document. If you have any questions please feel free to contact Dr. Larrow.

## **Appointments**

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It is Dr. Larrow's responsibility to be onsite providing services, or to inform you appropriately otherwise; <b>you are</b>
responsible for keeping the appointment or giving us a 1 business day notice of cancellation. Failure to do so prevent
Dr. Larrow from seeing another patient during that period. Should you decide not to keep the appointment without
giving the appropriate notice, you agree to pay a \$40.00 cancellation fee. In order to enforce this we may ask you for a
credit card to hold your appointment otherwise services may be withheld, denied, or limited, depending on the doctor's
discretion and the patient's immediate needs. Your credit card will not be charged unless you, without notification,
miss your appointment. Please note that insurance companies typically do not reimburse for missed appointment fees.
Patient/Rep Initials:
Day was a set

## **Payment**

Representative Name Printed	Signature of Representative	Date
Patient Name Printed	Signature of Patient	Date
By signing below, you understand and a charges incurred as a patient of Anita M.	agree to the patient payment and cancellation poli . Larrow, ND.	icy. You guarantee payment of all
have an urgent medical concern, pleas a message for Dr. Larrow at (415) 912-9 Dr. Larrow is not available (i.e. schedule call duty to assist you. You agree that i	cal emergency, or serious medical concern, you be contact Dr. Larrow. If it is after regular busines 1934 and she will return your call as soon as pos ed leave, personal emergency, etc.) then another if you cannot wait until the next business day, a your responsibility to seek the appropriate med	ss hours (8am to 5pm) please leave ssible, or by the next business day. It er doctor will be scheduled for on and Dr. Larrow, or a scheduled on
insurance companies on your behalf. <b>S</b>	cted provider for any insurance companies nor <b>She will, however, provide you with the inform</b> by. You agree that this does not insure any cove	nation necessary for you to submit
checks. Please notify Dr. Larow in adva Patient/Rep Initials:	nce if cash is your prefered method of paymen	t.