

OFFICE POLICY

Thank you for choosing Bjorn C.J. Eek, MD as your health care provider. We are committed to your treatment being successful. In order to prevent any misunderstandings, these office policies will be followed:

1. All patients must complete our Information Form before seeing the doctor.
2. Appointments must be cancelled at least 24 hours in advance to avoid a charge.
3. Missed appointments will be charged at the rate of a normal office visit.
4. We will give you a copy of an itemized Super bill and you can submit it to your insurance company.

X _____
Signature of Patient

Date: _____

FINANCIAL POLICY

Our office not subsidized by any government agency or charitable foundation. Please understand that payment of your bill is considered a part of your treatment. We are a private enterprise and all visits, consultations, and treatments are charged to the patient and he/she is personally responsible for payment.

The following is statement of our Financial Policy, which we require you read and sign prior to any treatment.

1. Full payment is due at time of service.
2. We accept cash, checks, or Visa/MasterCard.

Thank you for understanding our Office Policy. Please let us know if you have any questions or concerns. I have read the Financial and Office Policies. I understand and agree to the Financial and Office Policies:

X _____
Signature of Patient or Responsible Party

Date: _____