



DHALLA ORTHOPEDI CENTER INC.
4343 MARKET ST
SUITE A
RIVERSIDE, CA 92501
PHONE (951)787-4880
FAX (951)787-8628

FINANCIAL POLICY

COPAY POLICY

ALL COPAYS ARE DUE AND PAYABLE AT EACH VISIT. WE WILL BE HAPPY TO RESCHEDULE YOUR APPOINTMENT IF YOU DIDN'T BRING IT. THERE IS A \$35.00 NSF CHARGE FOR ANY RETURN CHECKS. THERE IS **A \$25.00 NO SHOW FEE** FOR ANY MISSED APPOINTMENTS THAT WERE NOT CANCELLED OR RESCHEDULED 24 HOURS IN ADVANCE.

ALL PRIVATE PAY PATIENTS ARE OFFERED SAME DAY PAYMENT DISCOUNT, ALL CHARGES MUST BE PAID AT THE TIME OF VISIT TO RECEIVE THE DISCOUNT.

PRESCRIPTION POLICY

FOR REFILLS, PLEASE ASK YOUR PHARMACIST TO THE REFILL REQUEST TO (951)787-8628. ALLOW 3 WORKING DAYS.

ASSIGNMENT OF BENEFITS

WE BILL YOUR INSURANCE COMPANY ALL BENEFITS ARE PAYABLE TO DHALLA ORTHOPEDIC CENTER INC. PLEASE SIGN AND DATE THIS DOCUMENT SHOWING THAT YOU HAVE READ AND UNDERSTOOD OUR POLICIES.

SIGNATURE: _____ DATE: _____

NAME: _____