

Acknowledgment of Responsibility

No-Show or Late Cancellation of Appointments

Any patient that cancels less than 24 hours prior to their appointment or is a no show for their appointment will be charged a fee of \$25.00.

Responsible Party Signature

Relationship

Date

Assignment of Benefits

If my current insurance policy prohibits direct payment to Dr. Michael Wein or mails payment directly to me, I will forfeit the payment check to the office of Dr. Micheal Wein. If the payment check is not surrendered then the remaining balance for services rendered is my responsibility.

Responsible Party Signature

Relationship

Date