



**TRIPLE O MEDICAL
S E R V I C E S P A.**

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COPAYMENTS AND RESCHEDULE AGREEMENT

Co-payments/Deductibles

- All co-payments are expected to be paid prior to being seen by a healthcare provider.
- All payments are due in full. We cannot accept payment arrangements on copayments or deductibles.

Appointment

- Please arrive on time for your appointment.
- If you have a change in information, please prepare to arrive 15 minutes prior to your scheduled appointment time so we can update your account.
- You have a 10 minute grace period for your scheduled appointment time. If you exceed this time, you will be asked to reschedule your appointment.

Cancellation/No Show

- We require a 24 HOUR NOTICE if you are unable to keep your scheduled appointment.
- If you fail to comply with the above, then you will be charged a \$30.00 cancellation/no show fee.
- No exceptions can be made.

**It is the responsibility of the patient to pay all outstanding balances
prior to scheduling another appointment.**

I understand the above and my signature below acknowledges my understanding of this policy.

Patient (or Guardian) Signature

Date