Advanced Concepts in Medicine
The Center for Advanced Medicine
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# New Patient / Phone Consultation Financial Policy

I, _____ am making an appointment with Advanced Concepts in Medicine / The Center for Advanced Medicine to be seen for my medical condition / my child's medical condition. I understand that this visit will be with on of the clinic's medical staff. All cases are always reviewed by Dr. Buttar and Jane Garcia, NP.

Due to the extensive demand by patients to be seen at our clinic, our appointments for new patients are booked almost a year in advance. If a patient fails to show up for the office visit or call for their scheduled phone consultation, a valuable time slot is wasted and another patient waiting to be seen could have been helped. Pre-payment of all initial office visits for all patients is now required. This policy has been implemented to insure that individuals failing to keep their scheduled appointments do NOT waste appointment slots. Full payment of your initial office visit ($360.00) must be received 4 weeks prior to your appointment. There are NO EXCEPTIONS to this policy.

- One month prior to your scheduled, initial office visit, or for all phone consultations, you will be contacted by our staff to make arrangements for payment. You can send a check or provide credit card information.
- Four weeks prior to your scheduled appointment, your check must have been received and cleared or, if you paid by credit card, your credit card will be processes. If payment, is not received or arranged within 2 weeks of your appointment date, your appointment **WILL BE CANCELED** and another patient on the clinic's waiting list will be given your appointment slot.

***Prior to making payment***
If you must reschedule your appointment, you will not have any financial obligation and be able to reschedule the first available appointment or be placed at the end of the waiting list.

***After making payment***
If you must reschedule your appointment, you will be able to apply the entire payment to a future office visit as long as a 72-hour notice is given. If you cancel or do not give a 72-hour notice, you will not be refunded any portion of the payment submitted (for Monday and Tuesday appointments, cancellations must be made by the previous Thursday or Friday, respectively.) This is **only** applicable if a 72-hour notice is **not given**.

By signing below, you are indicating you understand the above policy and fully agree to abide by the above mandates. You may also wish to sign the credit card authorization from below to insure that your appointment is automatically secured. Your credit card will automatically be charged for a new patient appointment / phone consultation two weeks prior to your scheduled appointment.

_____ _____ _____
Printed Name  Signature  Date

Credit Card Type:  MC  Visa  Card No: _____-_____-_____-_____

Exp. Date _____  3 digit security code (on back of CC) _____

Name, as it appears (EXACTLY) on the card: _____

Billing Address: _____

Signature: _____