

Dr. Milena Newhook
920 Frostwood, Suite 670
Houston, TX 77024

Financial Policy

I understand that payment is expected at the time of service. Payment can be made by cash, check or credit card. I understand that I will be charged for any missed appointments and cancellations with less than a 24 hour notice. The credit card listed below will be put on file for this purpose.

I authorize Milena Newhook, DO to charge my credit card listed below:

Type of card (please circle): Visa MasterCard AMEX Discover

Credit Card # _____

Expiration Date: _____ Three or Four Digit Security # : _____

Name on the Card : _____

Billing address for the card : _____

I have read and understand the office policies of Milena Newhook, DO. I acknowledge and agree with all policies listed. I understand my financial obligations for treatment received from Milena Newhook, DO, as stated above, and agree to pay for any and all services provided.

Credit Card Holder Name (Printed)

Patient Name(If different than card holder)

Credit Card Holder Signature & Date

Patient Signature (If different from card holder)

Financial Policy

Payment Policies:

- Payment for services is due at the time of service. We accept Cash, Mastercard, Visa, American Express, and Discover.

Appointment Cancellations:

- There is no penalty for appointment cancellations or rescheduling made at least 24 hours in advance.
- There is a fee for no shows, cancellations and rescheduling an appointment with less than 24 hour notice. The fee is equal to the full amount of the appointment. Fees must be paid in full prior to the next appointment.
- Follow up appointments will not be scheduled until the balance on the account is paid in full.

Medical Records:

- Hard copies of your medical records may be obtained upon request. Please allow 10 days for processing. A fee of \$35.00 is charged for the first 30 pages, and then 0.50 for each additional page.
- There is no fee charged to have records directly sent to another medical office or therapist.

Forms/Letters:

- Completion of paperwork for medical leave, disability, medication cost assistance, and other such forms greater than 1 page in length will incur a charge of \$35.00 and need to be received 5 business days prior to the date the forms are needed.

Acknowledgement:

I have read and understood the payment and cancellation policies above.

Name (please print): _____

DATE: _____

Signature: _____