

**JACKSONVILLE IMPOTENCE TREATMENT CENTER**  
**2950 HALCYON LANE, SUITE 706**  
**JACKSONVILLE, FLORIDA 32223**  
**(904) 880-1366 OR 1-800-246-3031**

**OUR OFFICE POLICY**

To enable us to establish the best relationship with our patients and to avoid misunderstandings in the future, we have established certain office policies. Please read these policies and sign below signifying that you have read and understand them.

**It is our office policy that 24 hours notice must be given if you are forced to cancel an appointment.** We will send bills for no-shows and broken appointments with less than allotted time. The amount of the charge will be \$30.00. After two broken appointments we will place your file in an "inactive status" and special arrangements must be made to reactivate it. Our purpose in establishing this policy is to make patient scheduling as convenient as possible with as little waiting as possible. If we are given proper notice of a necessary cancellation, we will be better able to see patients that may desperately need treatment.

We are dedicated to the principle of doing our best in treating all patients. In an effort to keep our fees as reasonable as possible, and to reduce overhead cost, it is customary to pay for services when rendered or as agreed with our easy payment plan. We accept cash, check, money order, MasterCard, and Visa. A minimum service charge of \$25.00 or 5% of the amount of the check, which ever is greater, will be imposed on any returned check. A returned check not redeemed within 10 days of notification will be sent to the State Attorneys office for prosecution.

Patients who have insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. We will do our best with filing your insurance for payment, but if payment is not received within 90 days of service rendered then you are responsible to make payment on account and contact your insurance for payment. After the insurance company has paid, you will be sent a statement for any unpaid amounts. A refund, will be sent to you if the insurance payment results in an overpayment. **Services at Jacksonville Impotence Treatment Center are not under the normal scope of HMO Primary Care Physician services and are the responsibility of the patient even if Dr. Miller is our HMO Primary Care Physician).**

Should you have any questions pertaining to this office policy, please speak to the receptionist.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature