DR JOHN P SALERNO

SALERNO WELLNESS

PAYMENT POLICY FORM

PREFERRED OFFICE LOCATION

☐ NY ☐ CT

Thank you for choosing The Salerno Center for Complementary Medicine. If you have any questions about fees for our services, please discuss them with us promptly. Our goal is to fully explain and inform you of all procedures, options, and fees before treatment. If you have any concerns, feel free to speak with a member of our technical or billing staff.

Payment Terms

- Payment is due in full at the time services are rendered unless prior arrangements have been made.
- We accept the following payment methods:
  - Cash
  - Checks
  - Credit Cards: MasterCard, Visa, American Express, and Discover
  - Extended Payment Plans: Available through CareCredit (applications available upon request).

Insurance Information

- If you have insurance, we will provide the standard forms required for filing a claim at checkout. However, it is your responsibility to file the claim and follow up with your insurance provider.
- Please note that many services provided at The Salerno Center, including supplements, are not covered by insurance companies.
- For the services covered, the insurance company may issue you our payment for the services rendered. You are responsible to inform us and subject to pay us immediately if our payment has been liquidated.

Missed Appointments

Missed appointments disrupt the practitioner's schedule and waste valuable resources. To avoid fees associated with missed appointments, please adhere to the following cancellation policies:

- New Patients: A one-week cancellation notice is required for initial appointments.
- Established Patients: A 48-hour cancellation notice is required.

Missed Appointment Fees:

- Fees range from $100 to $200 (up to 50% of the consultation fee) for missed appointments without the required notice.

Returned Checks and Collection Fees

- A $50 fee will be charged for returned checks due to insufficient funds or closed accounts.
- Accounts turned over to a third party for collection will incur an additional charge of at least 50% of the total balance to cover attorney's fees and collection costs.

If you have any questions about this payment policy, please contact our billing staff. We are here to help.

Acknowledgment of Payment Policy

I have read, understand, and agree to comply with the payment policy outlined above.

PATIENT'S NAME	DATE	WITNESS'S NAME

PATIENT'S SIGNATURE	WITNESS'S SIGNATURE