



7517 Jennings Road • Swartz Creek, MI 48473 • (810) 655-6060 • Kerry A. Zubke, DVM

**CLIENT INFORMATION**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best time to reach you & best number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Driver's License # or State ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

•ALL ABOVE INFORMATION REQUIRED•

# Appointment Policy

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## **CANCELLATION/NO-SHOW POLICY FOR APPOINTMENTS: \_\_\_\_**

In order to be respectful of the medical needs of other patients, please be courteous and call us promptly if you are unable to show up for an appointment. We understand that things come up and it may not be possible for you to keep your scheduled appointment. However, **if it is necessary to cancel your scheduled appointment, we ask that you call as soon as you know you will not be able to make it.** Appointments are in high demand and if you give us more than 24 hours notice, your early cancellation will give us a chance to reallocate the appointment slot to someone who is in need of treatment. If you give us less than 24 hours notice (late cancellation), we will likely not have time to fill the empty slot. A **cancellation** is considered **late** when a patient contacts us to cancel their scheduled appointment with **less than 24-hours** advance notice. A **"no-show"** is determined when a scheduled patient misses their appointment **without contacting**. A failure to be present at the time of a scheduled appointment without a call canceling the appointment will be recorded in your medical record as a "no-show".

## **Standard/Sick-Visit Appointments: \_\_\_\_**

- **First late cancellation or no-show:** The first time there is a "no show", we will contact you via phone/mail/email to inform you of the missed appointment and remind you of our "no show" policy. You will not be charged a first time fee, but you will be informed you will need to pay a nonrefundable **\$45 exam fee** to schedule another appointment which will be put towards that visit.
- **Second late cancellation or no-show:** A 2nd occurrence will result in **no refund of the \$45 deposit**. You will be able to reschedule one final prepaid appointment at an additional \$45.
- **Third late cancellation or no-show:** The 3rd occurrence within one year will result in you **being discharged from the practice** and the second \$45 deposit will not be returned.

## **Surgery: \_\_\_\_**

\*Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expense for the office.

- **First late cancellation or no-show:** No Fee
- **Second late cancellation or no-show:** A \$150 deposit is due at the time the appointment is rescheduled. These bookings are subject to a 48 hour notification or cancellation, or the client forfeits the deposits to compensate the clinic for the loss.
- **Third late cancellation or no-show:** The 3rd occurrence within one year will result in you being discharged from the practice.

# Payment Policy

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It is requested that every client be prepared to pay for services at the time that they are rendered. The hospital accepts cash, personal checks, Visa and Mastercard, Discover, American Express, and Care Credit.

Financially, the hospital is not able to bear the burden of losses associated with charge accounts, checking of each client's credit rating, and the sending of monthly statements.

Rather than raise our fees by as much as five percent to cover a charge system, this hospital would rather keep our fees as reasonable as possible.

**If financial problems exist, please make arrangements with your bank or finance company to cover the services provided.**

In those cases where accounts are not paid in full, bills will be sent out each month on the first of the month. In order to offset the cost of this billing, there will be a \$5.00 fee added to the balance each month. In order to avoid the finance charge, payments must be received by the first day of the month following the date the charge was incurred. All bounced checks will be assessed a \$40.00 service fee.

If an account needs to be pursued for collection, there will be an additional \$50.00 charge in addition to the cost of mailing a certified letter.

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Client Signature

Date

Thank you for your cooperation,

Dr. Kerry Zubke, Owner