

**AMANDA L. LOPICCOLO, DC**  
2028 Renaissance Park Place  
Cary, NC 27513

**Office Policies**

**PAYMENT:** Payment is due in full at the time of treatment. Payment may be made by cash, personal check, or credit card.

**BROKEN/ "NO SHOW" APPOINTMENTS:** So that I may accommodate the chiropractic needs of other patients, I require 24 hour notice to change or cancel an appointment. If you do not call, and you do not show up for your scheduled appointment, you will be considered a "no show." An appointment that is cancelled with less than 24 hour notice is regarded as a broken appointment. Because I strive to stay on schedule showing up late is the equivalent to missing an appointment. At the first occurrence of a broken or "no show" appointment you will be reminded of my policies. If there is a second occurrence, and for each occurrence thereafter, your account will be charged a fee of \$40.00.

**NON-PAYMENT:** Payment is due at the time of your treatment. If for any reason your account has a balance that exceeds 30 days you will be assessed a late payment fee of \$10.00 for that month and each month thereafter that I do not receive payment. You may be held responsible for any collection agency cost or fees for any nonpayment.

**RETURNED CHECKS:** You will be charged \$20.00 for a check returned by your financial institution. If there is a second returned check, future payments must in the form of cash or money order.

I certify that I have read and understand the above information.

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(Signature of Patient/Parent or Guardian)

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(Date)