



307 S 12<sup>th</sup> Ave. Suite 20 – Yakima, WA 98902 – 509.759.7470 - 509.759.7184f – [info@karalolley.com](mailto:info@karalolley.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # (Preferred): \_\_\_\_\_ Phone # (Alternate): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_

Emergency Contact (phone): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**Welcome to our office. We look forward to working with you. Please take a moment to familiarize yourself with our policies:**

### **Payment Policy**

Payment is required at the time of service unless other arrangements have been previously made. For your convenience, we accept cash, personal checks, MasterCard and Visa debit/credit cards.

### **Insurance Billing**

We are currently not contracted with any insurance plans. We will be happy to provide you with a coded bill, which you to submit to your insurance company.

### **Missed Appointments**

We charge \$50 for appointments missed or canceled in less than a 24-hour notice. If you need to reschedule your appointment, please give us 24 business hours' notice. The office is closed on Friday, so appointments scheduled for Monday must be canceled by end of business at 5pm on Thursday. If you arrive more than 15 minutes late without a call, be aware that your appointment may be given to another patient.

### **Telephone Consultation**

We are happy to answer short questions and clarify instructions from a previous visit on the phone or via email without charge. If you have a question about a new topic, please make an appointment.

### **Appointments Rates**

Brief Introduction Visit	10 Minute	Free
Brief Office Call:	20 Minutes	\$81.00
First Office Call	90 Minutes	\$214.00
Return Office Call	45 Minutes	\$119.00

In the case of an emergency after normal office hours please call 911.

**I, \_\_\_\_\_, have read the above office policies and understand them.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_