

# THE MAGNOLIA MEDICAL GROUP

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Jacksonville, FL 32256  
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Jacksonville, FL 32210  
Office: 904-779-2220 Fax: 904-779-2227

## OFFICE POLICY FOR PAYMENT OF SERVICES AND SUPPLIES

PAYMENT(S) for services rendered is the responsibility of the patient. If we are a participating provider, we will process and file your insurance claim. Upon receipt of insurance payment your statement balance will be mailed to you. **Balances must be paid within 15 days of billing.** There is a twenty dollar fee for all Returned Checks.

## APPOINTMENT CANCELLATION

Our office must be given notice that you intend to cancel your appointment at least 24 hours in advance. Failure to give notice of cancellation will result in a twenty-five dollar charge.

Thank you for your understanding and consideration.

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

Relationship if other than patient: \_\_\_\_\_

Patient's name: \_\_\_\_\_  
(Please Print)