Desert Medical Rejuvenation

Art Quintanilla, MD

BOARD CERTIFIED PHYSICIAN

Financial Policy

Patient Responsibility for Payment

Patients are responsible for payment in full at time of services. Failure to not pay will result in your account being referred to a collection agency, within a 30 day grace period; this will affect your credit. Referral to a collection agency will also result in you being charged a processing fee and any applicable legal fees.

- In the event your account must be turned over to collections, a $25.00 collection fee will be added to your account.
- Per company policy, only credit cards or cash is accepted, no personal checks

No Show Policy

Appointment times are scheduled to ensure each patient receives the time needed for their visit. We require that appointments must be cancelled within 24 hours in advance to allow for proper notification. Failure to provide our office with advanced notice may result in being scheduled at the end of the day or removed from the schedule to avoid affecting other patient's needs.

Assignment of Benefits

I HEREBY ASSIGN ALL MEDICAL AND/OR SURGICAL PROCEDURES TO ARTURO QUINTANILLA, MD/DBA DESERT MEDICAL REJUVENATION. FOR ALL SERVICES RENDERED BY HIM/STAFF. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES. I ALSO AUTHORIZE SAID ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENTS. IF COLLECTION ACTION BECOMES NECESSARY TO COLLECT BALANCE DUE, I WILL PAY ANY COLLECTION COSTS AND/OR ASSOCIATED ATTORNEY FEES. ALSO, I HAVE RECEIVED, UNDERSTAND AND ACCEPT THE PRACTICE POLICIES STATEMENT FROM ARTURO QUINTANILLA, MD/DBA DESERT MEDICAL REJUVENATION.

Patient Signature: _____ Date: _____