

RODNEY BLUESTONE MEDICAL CORPORATION

RHEUMATOLOGY
(ARTHRITIS AND RELATED DISORDERS)
436 NORTH BEDFORD DR
SUITE 303
BEVERLY HILLS, CALIFORNIA 90210

Bounced Check Policy

In the event of a bounced check our office will charge a \$35.00 fee to your account. You will be responsible for the bounced check fee in addition to any outstanding balance. Payment must be received within 10 days to avoid further action on your account.

Late Arrivals

It is imperative that you arrive to your appointment on time. Arriving late causes longer wait times for other patients. If you arrive later than 10 minutes of your scheduled time, you may have to reschedule for a later date.

Your signature below constitutes agreement to the **Bounced Check** and **Late Arrival Policies**.

Patient signature: _____

Date: _____