

I acknowledge receipt of the **HealthCore Policies and Informational Guide** which includes information on fees associated with no-shows, same-day cancellations and failed appointments as well as other subjects including: appointments, test results, telephone calls, refill requests, records requests, insurance, referrals, payment for services and emergencies.

Date: _____

Signature: _____

Patient or Legally Authorized Representative

Printed Name of Patient or Legally Authorized Representative

For departmental use: Acct#

Relationship to Patient