



*RICHMOND SPINE  
INTERVENTIONS  
and PAIN CENTER*

*Specializing in Spinal Injection Techniques*

Dear Patient:

Please be aware that by making an initial appointment with our physician, nurse practitioner or physicians assistant, you are agreeing to abide by the billing policies of our practice. There will be a fee, billed to you personally, if you do not provide at least 24-hours notice of a cancellation or change in your appointment date or time. This policy will be enforced for both new patients as well as established patients. In addition, there will be a fee, billed to you personally, if you do not show for your appointment.

There are no health insurance policies that cover fees for missed appointments or “No-Show” appointments.

Our staff will be happy to answer any further questions regarding this policy.

Acknowledgement of Receipt: \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_  
(If someone other than patient)

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