



A FRIENDLY REMINDER TO ALL PATIENTS

IN ORDER FOR DR. MADDOX AND HIS STAFF TO
PROVIDE THE HIGHEST LEVEL OF CARE, **PAYMENT**
IS DUE AT THE TIME SERVICES ARE
RENDERED.

PLEASE ALSO BE AWARE THAT THERE WILL BE A
CHARGE FOR ALL BROKEN APPOINTMENTS WITHOUT
A 24 HOUR NOTICE.

THANK YOU FOR YOUR COOPERATION.

BY SIGNING AND DATING, I UNDERSTAND AND
AGREE TO THE ABOVE STATEMENTS.

PATIENT SIGNATURE/DATE: _____