



Dr. Marilyn Peterson
2519 Parkwood Rd
Snellville, GA 30039
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OFFICE POLICY

Time is valuable for both you and I. PLEASE notify us within **24 HOURS** prior to the appointment if you must cancel. Or reschedule. FAILURE TO DO SO WILL RESULT IN A CHARGE OF **\$50.00**. This fee ALSO applies to NOT SHOWING up for your appointment.

WE do not file your insurance claims in this office. However, as a courtesy, we provide a "super Bill" that can be submitted to your insurance company for reimbursement according to your policy.

I, _____, have read and understand

(Print Name)

the above policies.

Signature _____ Date _____