



Little Waters Wellness

Kristina Wodicka D.C., P.C.
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MY FINANCIAL POLICY

My practice is committed to providing you with the best possible care, and I am pleased to discuss my professional fees with you at any time. Your clear understanding of my financial policy is important to our relationship. Please ask if you have any questions about my fees, my financial policy, or your financial responsibility.

NEW PATIENTS OR PATIENTS WITH A CHANGE OF ADDRESS PLEASE FILL OUT A PATIENT INFORMATION FORM PRIOR TO VISIT.

For all appointments you are responsible for payment which should be made at the time of visit. We accept cash, checks, or mastercard, visa and discover.

For all appointments, I require 24 hours notice for cancellation. If you do not cancel within the 24 hour time frame you will be charged a \$50 cancellation fee unless we are able to fill the appointment.

I look forward to working with you and developing a healthy, trusting relationship together.

SIGNATURE _____ DATE _____