



Integral Gastroenterology Center, P.A.
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RETURNED CHECK POLICY

Due to an increase in returned checks, we are implementing a returned check policy. A returned check for any reason will incur a fee of **\$25.00**. You will then need to pay this fee, as well as the balance due on your account, in full with cash or credit card. We will not accept another check, and you will not be able to schedule another appointment until your balance is paid.

We thank you for respecting this policy.

I have read and understand the broken appointment policy.

Signed: _____ Date: _____

Relationship (if not signed by patient): _____