

OFFICE POLICIES

- 1) Please be on time for your appointment. Being late or making last minute cancellations will cause scheduling disruptions, which can interfere with the quality of care you and other patients receive.
- 2) Please do not wear strong perfumes or colognes. We see many patients with allergies or respiratory problems. Strong scents can impair their progress.
- 3) Continued cancellations or missed appointments may result in being released from care. If you need to reschedule an appointment, please call within 24 hours of your scheduled appointment.
- 4) Children are welcome here as patients. If you bring children with you for your appointment, you are responsible for their actions at all times. Our staff will assist you with your well-behaved children.
- 5) We may schedule you for multiple appointments. This will help insure a convenient appointment time for you, as well as provide you with the highest level of care possible.
- 6) If you need to spend extra time discussing your health concerns with your doctor, please let our staff know so we may schedule your next appointment accordingly.
- 7) Please notify your doctor of any changes in your health status, regardless of the significance.

FINANCIAL POLICIES

- 1) We accept the following forms of payment: Cash, personal checks, debit cards, Visa and Master Card.
- 2) Payment is expected at the time of the visit.
- 3) We will bill your primary insurance company for Initial Intensive Care as a courtesy to you.
- 4) The Patient is always responsible for the payment of their care. An insurance contract is between the patient and the insurance company.
- 5) Insurance coverage is never guaranteed. If there are any problems between the insurance company and the patient, the latter may file a grievance directly with your insurance company. Your signature below authorizes assignment to this office for collection of benefits and also authorizes this office to release daily chart notes when necessary for the processing of claims.
- 6) The office manager may approve account balances. Active monthly payments are required. Accounts with balances 30 days past due may be charged a service fee of 8% per year compounded annually.
- 7) Any account where no payment has been received for sixty days may be sent to a third party collection agency. Any additional collection fees will be the responsibility of the patient. NSF checks or rejected credit card payments will be charged a service fee of \$25 per occurrence.
- 8) We do offer a time of service discount when services are paid in full at the time of the visit. This discounted amount will be passed on to your insurance company.
- 9) In some cases, we may have a contract with your insurance company governing how we handle your account. This contract may prevent us from offering you our time of service discount. Please ask us if you have any questions regarding this.
- 10) Please feel free to ask us any financial questions you may have. Our intent is to provide you with the highest level of service as well as care.
- 11) Your insurance company determines benefits when they receive our billings. Any statements made by our staff regarding your coverage in no way guarantees that your care here will be covered by your insurance company, and you will be responsible for your account, regardless of insurance.

By signing below, I acknowledge that I understand the policies as contained herein.

Patient or guardian: _____
Date: ____/____/____

Witness: _____
Date: ____/____/____