

### Office Policies

Please note that your co-payment/ co-insurance is due upon completion of treatment. Payments are accepted in the form of cash, checks, care credit or any major credit card.

Please note that a \$25.00 fee will be applied to any returned check.

A 24 hour notice is appreciated to cancel or reschedule an existing appointment. There may be a \$25 charge after several missed or cancelled appointments.

### HIPAA

Thank you very much for taking your time to review how we are using your health information. If you have any questions we want to hear from you. We would appreciate very much your acknowledging the receipt of our policy by signing below. You may obtain a copy of our privacy notice by asking one of our front desk members.

### Insurance Agreement

This is to inform all patients with insurance coverage that we verify insurance benefits prior to any treatment. Once the patient is in our office and provides insurance information we either call the insurance company to receive a breakdown of benefits, obtain a fax or verify via insurance website. PLEASE keep in mind, ANY coverage or benefit information we obtain is **NOT A GUARANTEE OF PAYMENT.** It is your responsibility to know your insurance coverage. We cannot be held responsible if your insurance denies treatment. If we over estimate your portion and you end up with a credit, we will issue a refund in the form of a check (ALL REFUNDS ARE ISSUED AT THE END OF THE MONTH). Your co-payment/co-insurance is due at the time services are rendered. Once insurance payment is received and you have any remaining balance, we will generate a statement. If no payment is received within 90 days, your account will be sent to collections.

Please sign and date this form stating that you understand the terms and conditions of the office. If you have any questions, please ask any of our front desk members to explain before signing.

Thank you.

**Print Name:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_