FINANCIAL POLICIES

If you have insurance, we will gladly submit your claims for you. You are responsible for your deductible, your co-pay and co-insurance amounts. If your insurance denies payment of a claim you are responsible for the billed charges.

When this agreement is executed by the patient or the patient's representative, all shall be jointly and individually liable for the patient. Should accounts be referred to an attorney or collection agency, reasonable attorney's fees and collection expenses incurred shall be payable in addition to the other amounts due.

I (the patient) understand that my insurance is an arrangement between myself and my insurance company, it is **NOT** an arrangement between the doctor and my insurance policy. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctor, that fees will be due and payable immediately. I will have 30 days in which to clear the account. If the account is not cleared in 30 days, I hereby authorize you to collect any outstanding amount.

Please indicate that you understand and accept these policies by signing below.

Patient Signature: _____ Date: _____/_____/_____

CANCELLATION POLICY

Your appointment time is reserved specifically for you. In the event of a missed appointment or an appointment cancelled with less than 24 hours notice, you will be charged $35 for that appointment. Insurance will not pay for a missed appointment.

As a courtesy, we attempt to confirm most appointments 24 hours in advance. However, if we are unable to reach you, keeping your appointment is your responsibility.

Our cancellation policy is designed to respect the time constraints of the patient as well as the practitioner.

There is a 15 minute grace period after your scheduled appointment. Should you arrive after that grace period, if at all possible you will be treated. If not, it will be considered a missed appointment and you will be charged.

Patient Signature: _____ Date: _____/_____/_____