

### CLINIC FINANCIAL POLICY

1. All payments are due at the time of service, unless special arrangements have been agreed upon prior to the visit.
2. All co-pay will be due at the time of service, once your insurance coverage has been verified and we have established what your responsibility is.
3. As a courtesy to our patients, we will bill your insurance company for you. Please keep in mind that if there is a discrepancy, we will let you know as soon as possible, however we will not get involved with any dispute between you and your insurance carrier.
4. If you have a credit balance, we will reimburse you after payment has been received.
5. All supplements/vitamins, lab tests, supports and other supplies must be paid for at the time they are received.
6. All workers' compensation cases will be billed directly to the insurance company, providing the appropriate paperwork has been filled out and a claim is filed. Please keep in mind that if your claim is denied you are responsible for prompt payment of your account.
7. Personal injury and auto accident cases will be billed to your auto insurance company, providing that a claim has been filed and the appropriate paper work has been completed.
8. Keep in mind we do not do third party billing to other insurance companies.
9. If you choose not to file a claim with your auto insurance company, or are uninsured, your account will be treated as a cash account, and all fees will be due at the time of service.
10. Generally, supplements/vitamins, lab tests, supports and other supplies may not be covered by insurance companies and must be paid for at the time they are received. Should your insurance company pay, we will reimburse you for the amount paid.

### CLINIC LATE CANCELLATION FEE POLICY

Your appointment times have been reserved for you. In order to offer timely and optimal care for all our patients, we request 24 hours notice for cancellation of visits. Kindly provide us notice by calling the front desk. Please always leave a message if your call goes directly to our voice mail.

\*Please note that in the case of massage, acupuncture, nutrition and reiki appointments you will be charged a \$35 fee for any visit cancellations without 24 hours notice.\*

I \_\_\_\_\_ have read and understand the above  
PRINT NAME clinic financial and fee policies.

\_\_\_\_\_  
SIGN NAME

\_\_\_\_\_  
Date