

OFFICE POLICIES

Welcome to our family of patients. Our ideal new patient is one who is committed to their health and complies with their treatment plan; open to possibilities of their optimum well being and is willing to be educated; financially prioritizes their health care; and refers their friends and family members. The following is a list of our office policies. The purpose of these policies is to enable our office to serve you to the best of our abilities. It is also our experience that patients who adhere to these policies benefit the most from the wonderful results of our advanced integrated health care.

Patient Initials

- **Making Appointments:** For healing to be most effective, the Doctor usually suggests a series of visits. We advise that you schedule in advance to ensure continuity of appointments.
- **Cancellation Policy:** Missed appointments without prior notification are subject to a \$50 charge. Please give prior notice of at least 24 hours so the Doctor can help other patients in that time slot. Please, note that if your bill is currently paid by insurance of any type, they will not pay for this fee. You will be personally responsible for it.
- **Payment Policy:** We charge for services provided. Payment is due at the time of service for insurance co-payments, deductibles, supplements and cash payments. We offer a discount to clients who pay in full at the time of service. Any visit that is not paid for in full at the time of service will be billed at our regular fee. Due to rising bank charges, we must charge \$35 for all returned checks. Cash, checks and credit cards (Visa, MC/Discover) are accepted. Administrative cost, such as insurance processing, are one of the components used in an equation developed by the Health Care Financing Administration to arrive at reasonable fees physicians may charge for services they provide. The elimination of this component results in monetary enumeration shared throughout the health care industry, and is realized in the form of a courtesy discount to patients or third-party payers who make prompt payment **AT THE TIME SERVICES ARE RENDERED.**
- We will bill supplements but typically insurance companies will not cover them under their policies. We do accept returns of unopened supplements within 30 days of purchase.
- **Motor Vehicle Accidents:** Please notify us if you have been involved in an accident. We will be happy to bill under your PIP coverage.
- **Collection Policy:** We may charge interest of 1.5% per month (up to 18%) on unpaid balances. If an account is over six months in arrears, it will be subject to legal collection and you will be responsible for all associated fees.
- The key to avoiding this situation is communication.
WE WILL WORK WITH YOU! Just talk to us.
- Please notify us as soon as possible when your address and/or phone number changes.
- **Cell Phones:** Please turn off all cell phones before entering the treatment rooms.
- **Workmans Comp Accidents:** Please notify us if you have been injured on the job. We will be happy to bill under your employers W.C. Policy.

"PAYMENT AT TIME OF SERVICE OPTION " AGREEMENT

PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED. A written copy of the fees for specific services provided in this office is available to each patient by mail on request and all fees are subject to change without notice.

- I elect to use this prompt payment option. I will pay in full at the time services are rendered.
- I do not choose to use this payment option as I elect to have Maximum Health Clinic bill my insurance carrier/third party payer for their portion of the services covered by them. I understand that any discounts do not apply. I agree to pay the full amount of my scheduled co-payment and/or the percentage not covered by my insurance policy on the day services are rendered.

OUR POLICY ON INSURANCE

Many insurance companies do cover our care however each insurance company processes and pays claims according to the patient's benefits and their individual administrative policies. It is important to understand that health and accident insurance policies are an arrangement between an insurance carrier and you, the patient, their insured. We do accept insurance in this clinic. Most insurance companies require a yearly deductible and a co-payment. The co-payment is determined by the percentage of the visit that the insurance will cover.

We will continue to bill insurance for our patients and verify insurance benefits as a courtesy to our patients. Due to the complexity of the insurance processing procedures, we are informing you that this is not a guarantee of benefits. You must clearly understand and agree that all services rendered to you are charged directly to you and that you are personally responsible for payment. Any amount authorized to be paid directly to Maximum Health Clinic will be credited to your account upon receipt.

Patient Signature _____

Date _____