FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

Fees:

Our fees are determined by the complexity of each case and the different services used.

Regarding insurance:

We do not accept insurance of any kind. Our services require payment at treatment completion. If you choose to use your insurance, we will supply you with a superbill receipt after your treatment. This is the only action this clinic will put forth in regard to insurance claims. Furthermore, this clinic will not be involved with collecting, pending or appealing claims. Insurance correspondence and transactions will be the sole responsibility of the person treated. Additionally, in signing this document you understand you are financially responsible for any services provided and the use of medical insurance will be solely up to you to commence.

Usual and Customary Rates UCR:

Our practice is committed to providing the best treatment possible for our patients. We charge what is usual and customary for our area. Please be aware that some and at times perhaps all of the services may be non-covered services and not considered reasonable and necessary by medical insurance. All payments are due at the time of service. We accept cash and all major credit cards FSA and HSA. We DO NOT accept checks.

_____ _____

Signature of Responsible Party Date

_____ _____

Signature of Person Authorized to Consent Date

CANCELLATION & RESCHEDULING POLICY

Cancel/Reschedule Appointments:

Your appointment time is reserved specifically for you. **If you need to cancel or reschedule your appointment, please do so at least 24 hours before your scheduled appointment time.** Changes can be made online using the link in your confirmation email, or by calling us at 262-977-8793.

All appointments (including new patient appointments) needing to be cancelled or rescheduled with less than 24 hours advance notice will be charged the regular appointment rate to the card on file. This includes appointments that are made as part of a package.

Missed Appointments:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Your treatments will be more effective if you follow your treatment guidelines and adhere to your schedule. Please help us to serve you better by keeping your scheduled appointments. Please let us know if you have any questions or concerns.

If you are **15 minutes late (or more)** to your scheduled appointment, you will not be treated that day and your appointment will need to be rescheduled. Your card on file will be charged the regular appointment rate.

A no call / no show: Your card on file will be charged the regular appointment rate.
A no call / no show must contact the clinic before another appointment is scheduled or administered.
After 3 no call / no show's: the patient will automatically be terminated with no further action from this clinic to do so.

Please contact us at 262-977-8793 if you are running late failure to do so will result in a no call/no show.

Emergencies and certain exceptions can be made on a case-by-case basis but must be done by phone before the appointment.
I have read the cancellation and rescheduling policy, and I agree to this policy.

_____ _____

Signature of Responsible Party Date

_____ _____

Signature of Person Authorized to Consent Date