



**Financial Policy**

We do not take any insurance plans at this time, however, you may use HSA cards. Signing this form is an agreement to pay, in full, at the time of service. If for any reason there is a balance owed on your account due to fees or other charges, it is your (patient) responsibility to pay upon receipt.

Discounted Packages: We offer discounted prices when a treatment package is purchased and scheduled. The patient is responsible for paying the full amount of the package before the first scheduled applicable treatment. Unused visits may be refunded to the patient with the used visits adjusted to non-discount prices. If the patient misses an appointment without notification of cancellation, a treatment is forfeited from the package. Packages may be transferrable to friend/family member to use remaining treatments.

Cancellations: We kindly request that our patients cancel at least 24 hours before your appointment over the phone. It provides us with ample time to fill the empty spot with another hopeful patient that is waiting. We understand special circumstances occur, and we don't like to worry our patients with a fee. However, if you must cancel your appointment on multiple occasions, we will charge an inconvenience fee of \$50 upon administrative discretion.

\_\_\_\_\_  
Patient Signature or Authorized Representative

\_\_\_\_\_  
Date

**Private Health Information**

This practice is bound by HIPAA law. We will only share your information with other healthcare practitioners that you are under care of with your consent.

Who may we contact regarding your health information?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone