

FINANCIAL POLICY

Thank you for choosing us as your Health Care Provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. The purpose of our financial policy is to keep HEALTH CARE COST DOWN. All patients must complete and sign our entrance forms and financial policy before seeing the doctor.

Nutrition and Cash Patients

Nutrition office visits, supplements, hair analysis and blood tests are not covered by insurance companies. Some insurance companies will cover testing performed by Diagnos-Techs. If you submit a claim to your insurance company and they request paperwork from our office, there will be a \$20 charge for this service and it will take 3 business days to complete same. Please note all services are to be paid in full at the time of your visit. All sales are final. We accept cash, checks, Visa/MasterCard, American Express or Discover.

Missed Appointments

All appointments must be canceled at least 24 hours in advance to avoid being charged for your missed appointment time-slot. Please help us serve you better by keeping your scheduled appointments.

Initials: _____

Return Policy

We do not allow any returns on all supplements as we are unable to control the temperature of these products once they leave the office.

Initials: _____

I understand and agree that health insurance policies are an agreement between my insurance company and myself, not between my insurance company and this office. I understand that I am ultimately responsible for payment in full at this office. I also understand that if I terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

I have read, understand, and agree this financial policy.

Signature of Patient of Responsible party,

Date

Signature of Insurance Department,

Date

Office use only: Financial Policy Form: FILE: Right side if chart under Insurance Tab