**BILLLING AND CANCELLATION POLICY**

Please read and sign that you have read and agree to the terms below:

**Dr. Alina, LLC Billing Policy, Release and Authorization**

I signify by signing this notice of informed consent that I have voluntarily chosen to participate in therapy and/or personal training service through Dr. Alina, LLC. I authorize Dr. Alina, LLC to bill my insurance company for the covered portion of any charges incurred through physical and/or occupational therapy, and I authorize payment for benefits directly to Dr. Alina, LLC. I give consent for Dr. Alina, LLC to release medical or other information necessary to process this claim. I understand that I am responsible for any physical and/or occupational therapy charges, including but not limited to, paying my deductible, my co-insurance or co-payment, and any charges not reimbursed by my insurance carrier. I acknowledge that I am responsible for knowing and meeting the requirements of my insurance plan.

**By signing my initials, I have read and agreed to this billing, release and authorization of insurance information. \_\_\_\_\_\_\_\_\_\_**

**Cancellation Policy**

Dr. Alina, LLC strives to provide individualized care and flexible schedules for our patients. This flexible schedule depends on having open slots to add/move appointments on short notice. While things in life can happen to prevent making it to your appointment on time, we ask that you call and cancel/reschedule at least 24 hours in advance. This opens up your appointment time for someone else to be seen, and aids us in keeping schedules flexible for our patients. If you fail to cancel your appointment in advance and/or miss your appointment our same-day cancellation fee is $50 and will be charged via a mailed invoice.

**By signing my initials, I have read and agreed to this cancellation policy. \_\_\_\_\_\_\_\_\_\_**