



PATIENT FINANCIAL RESPONSIBILITY FORM

Our Financial Policy:

Please read this form carefully. It explains our financial policies regarding payment for services provided by Affinity Botanical Medicine. Your understanding and agreement to these terms are essential to ensuring smooth scheduling and provision of care.

1. Self-Pay / Cash-Only Clinic: Our clinic operates on a self-pay/cash-only basis. This means we do not bill any insurance companies, including Medicare, Medicaid, or private health insurance plans. All payments for services are the sole responsibility of the patient. We will provide you with an itemized receipt (superbill) for your records upon request, which you may choose to submit to your insurance company for potential reimbursement, although we cannot guarantee coverage or reimbursement. We offer a flat fee payment model, priced by appointment type as follows:

New Patient, In-person Appointments	\$250.00
Follow Up/Renewal Appointments	\$150.00
Caregiver Certification Appointments	\$50.00

2. Fee Due at Time of Scheduling: To secure your appointment, we require a non-refundable* \$50.00 deposit which will be due at the time of scheduling in order to confirm your appointment. Your appointment will not be confirmed until payment has been successfully processed. This policy helps us manage our schedule effectively and ensures that appointment slots are reserved for patients committed to their care. This deposit will be applied to the appointment fee.

3. No-Call / No-Show Policy: We understand that unforeseen circumstances can arise, requiring you to cancel or reschedule an appointment. However, we also ask for your consideration regarding our schedule. You must notify the office at least 24 hours in advance if you need to cancel or reschedule your appointment. If you fail to notify our clinic of your inability to attend your scheduled appointment or if you do not arrive for your scheduled appointment without prior notification your \$50.00 scheduling fee will not be refunded and will not be applied to future appointments. You can notify us by calling (270) 570 – 9535 or by email at Jason@abmky.com.

4. Total Payment Amount Required on Arrival to Appointment: The remainder of the appointment fee must be paid in full at time of appointment. You can also pay the remaining appointment fee at any time prior to appointment. We accept cash as well as several electronic payment methods which can be found on our website.





Affinity

BOTANICAL MEDICINE

Jason H. Bredenkamp, M.D.

1215 Southtown Blvd, Ste 303
Owensboro, KY 42301

(270) 570 - 9535

Patient Acknowledgement and Agreement

I, the undersigned patient (or legal guardian of the patient), acknowledge that I have read, understood, and agree to the financial policies of Affinity Botanical Medicine as outlined above. I understand that Affinity Botanical Medicine is a self-pay/cash-only clinic and does not bill insurance companies. I agree to pay the full fee for my scheduled service at the time of appointment. I understand and agree to the non-refundable \$50.00 No-Call / No-Show Fee if I fail to notify the clinic at least 24 hours in advance of a cancellation or rescheduling, or if I do not show up for my appointment.

Patient Signature

Print Name

Date



(270) 570 - 9535



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