

Fee Acknowledgement and Insurance Disclaimer:

Insurance companies are not obligated to pay for our services (consultations, well/office visits, IV services, PrP services, or blood work done through our facility). We require payment at time of service and, if you choose, we will provide a form to send to your insurance company with a receipt showing that you paid out of pocket. WE WILL NOT, however, communicate in any way with insurance companies.

Your receipt is your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, appeal nor make any contact with your insurance company. If we receive a check from your insurance company, we will not cash it but will return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

Health Saving Account:

For patients who have access to Health Savings Account, you may pay for your visits or membership with that credit or debit card. Some of these accounts require that you pay in full ahead of time, however, and request reimbursement later with a receipt and letter. This is the best idea for those patients who have an HSA as an option in their medical coverage. It is your responsibility to request the receipt and paperwork to submit for reimbursement.

By typing your name below you are electronically signing consent that you agree to the above information.

Signature of
Patient/Parent/Guardian: _____

Date: _____