Please read our office and financial policies. You will be asked to sign this document in the office, that you have read and understood these policies, when you arrive for your appointment.

Eric B. Lambert, P.C.
DBA Discover Soft Tissue & Spine PC

Office Policies

Thank you for choosing Discover Soft Tissue & Spine, P.C. ("Discover") as one of your health care providers. We are committed to providing you with the best care possible.

Any records at this office are digital/digitized and kept in electronic health care records. They will remain the permanent physical property of this office for a minimum of seven years. Copies of the patient's X-rays and/or records will be provided when a minimum advance notice of two working days is given. We reserve the right to charge a "copying" fee for the reproduction of the above X-rays and/or records.

Missed Appointments Policy:
All appointments are reserved especially for you (the patient). Therefore, please be considerate of other patients, and our office staff and **kindly give at least 24 hours notice** if you are unable to make your appointment. **We reserve the right to charge you for canceled or missed appointments.** If broken appointments become habitual, you may be dismissed from care.

Initial _____ ***I understand this missed appointment policy and agree to pay the fee if a 24 hour notice is not given.***

Financial Policy

This clinic/office does not participate or accept assignment from health insurance. Any service provided in this clinic, you agree to be fully responsible for payment of services rendered by Dr. Eric Lambert, DC, Maggie Zick, LMT and/or any other providers now or in the future working for Discover Soft Tissue and Spine, PC.

Payment will be made at time of service. We accept cash, check, and credit cards, including HSA cards. If we have to send you an invoice for payment a $5 service fee will be added to the invoice.

Insurance & Billing:

1. As a courtesy to you, we can submit claims to your insurance carrier. However, we do not accept assignment and are non-participating with all insurances except Federal Medicare. We are unable to send your claim your insurance unless you give us all your insurance information. This courtesy may be withdrawn if circumstances warrant it.

2. Our office does not guarantee that your insurance will pay for the services provided. Most insurance plans do not cover 100% of your treatment. It is ultimately your responsibility to know what your own insurance covers and does not cover.

3. Our office will not enter a dispute with your insurance company over your claim. This is your responsibility.

Important

Payment for treatment is due at time of service. If your account becomes delinquent, for any reason, it will be subject to finance charges. The unpaid balance after 30 days of invoice will be subject to simple interest at the rate of 7% per year, until balance is paid in full. In addition, delinquent accounts will be charged a rebilling fee of $15 per month. If we choose not to charge the interest or rebilling fee for one or more months, that does not prevent us from charging them in any other month. An account that is not paid within 90 days of invoice is generally turned over to collections or small claims court, but we may do so earlier or later in our discretion.

Continue on to back of page

Authorization and Assignment

In consideration of undertaking your care, you agree to the following:

1. You authorize Discover to release any information it deems appropriate concerning your physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred.

2. You further agree that this Authorization and Assignment is irrevocable and ongoing until all monies owed to Discover are paid in full.

PLEASE READ AND SIGN THE STATEMENT BELOW

I have read, understand and accept the terms of this office policy, financial policy, & authorization/assignment concerning my treatment at Discover Soft Tissue & Spine, PC. I authorize Discover Soft Tissue & Spine, P.C. to submit claims and bill my insurance company for all services rendered (if applicable). I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive. I understand I am responsible for any account balance. A photocopy of the signed document will be as valid and binding as the signed original.

(If the responsible party is not the same person as the patient, they must sign. If the patient is a minor, the parent or legal guardian must sign.)

DISCOVER
soft tissue+spine

Discover Soft Tissue and Spine 6740 Cascade Road SE Suite 4 Grand Rapids, MI 49546 Phone: (616) 956-1112 Fax: (616) 956-6265 Web: www.discoversofttissue.com