

Financial Policy

Appointments cancelled less than 24 hours in advance will be charged to me at the full fee.

I am responsible for the entire balance regardless of whether there is insurance coverage. Insurance companies can not be billed as a cancellation.

I understand and agree to the above stated financial policy.

Signed _____ Date _____

Authorization For Release of Information and Assignment of Benefits for Insurance

I authorize the use or disclosure of my health insurance information necessary to submit and process insurance claims. I understand that the service authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by federal privacy regulations. I understand that this authorization is voluntary.

Signed _____ Date _____

I authorize payment of medical benefits to my provider for services rendered.

Signed _____ Date _____