

Medical Appointment Financial Policy for Revive Clinic and Spa

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. The following information outlines your responsibility related to payment and appointment reservation for professional services. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

Insurance: At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be expected to pay at the time of service. It is your responsibility to know your benefits. Please contact your insurance company directly with any questions you may have regarding your coverage. We must also take a copy of your driver's license when you check in.

Co-payment: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company and not with Revive Clinic and Spa. We accept cash, check, and credit cards for medical appointments.

Deductible: An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay.

Referrals: If your insurance company requires a referral from your Primary Care Provider, it is your responsibility to obtain one.

Biopsies and Lab Work: You will be billed by the pathology lab separately if you need to have any biopsies or blood work done. They will submit billing to your insurance company, and you may be responsible for any other co-pays or deductibles.

Treatment of Minors: Patients under the age of 18 must be accompanied by a parent or legal guardian to their first appointment to meet the provider and complete all necessary paperwork. All co-pays or monies due are expected to be paid at the time of each service.

Returned Checks: Revive Clinic and Spa will charge a \$35 fee for any returned checks.

Missed Appointments: We understand when urgent matters prevent you from keeping your appointment. If you are unable to keep your appointment, please notify our office at least 24 hours in advance. You may be asked to reschedule your appointment if you are more than 15 minutes late. Chronic no-shows or rescheduling medical appointments may result in being asked to pay a \$50 non-refundable deposit for future appointments.

I have read and understand the Medical Appointment Financial Policy for Revive Clinic and Spa and agree to its terms	
Signature (Patient/Legal Guardian)	Relationship to Patient

Date

Patient Printed Name