



3840 E. Semoran Blvd. Suite 1054, Apopka, FL 32703
Ph: (407) 880-1218 Fax: (407) 749-0328

STUDIO POLICIES

Our Financial Policy

Thank you for choosing us to serve your wellness health care. We are committed to your treatment being successful. Please understand that payment of your bills is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to your treatment. All patients must complete the Patient Information, HIPPA and Studio Policies form.

- Full payment (or the “estimated patient portion”, if insured) is due at time of service.
- We accept cash, debit and credit cards.
- We do offer an extended payment plan.
- You are responsible for your account (regardless of whether or not insurance is involved).

Regarding Insurance

Our studio will be pleased to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We take pride in doing everything possible to help our patients utilize and maximize their insurance benefits. We file insurance claims as a courtesy to our patients. Please understand that every effort is made to let you know what your estimated portion may be from your insurance company. We also will provide you with what your estimated financial responsibility for that visit will be. We do expect your estimated portion be paid on the day of service. All benefits are estimated and are not a guarantee for payment. The insurance policy is a contract between you and your insurance company. We are not party to that contract. Our studio allows 60 days for payment from your insurance company to be received in this studio. After that time, you are expected to reconcile your balance immediately. Again, we do everything possible to assist the insurance company to make benefit payment in a timely manner. When this studio receives a check from your insurance company, you will be informed of any amount due over and above the amount paid by your insurance company and the amount of money you have paid toward your bill. You are required to sign an “Authorization, Assignment & Acknowledgement” form and any other assignment documents required by your insurance company on your first studio visit. Our studio DOES NOT guarantee that your insurance will pay. If for some reason your insurance claim is denied or reduced, you are responsible for the full amount of your bill. Our studio WILL NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. All special arrangements regarding finances must be signed by the doctor and patient and/or other representative.

Missed Appointments

Each of your scheduled appointments is a designated time that has been “reserved” just for you! We respect your time and ask that our patients in turn, do the same for us. If you should find that your appointment needs to be changed, a 24-hour notice is required. A cancellation fee of \$35 will be charged to those not fulfilling this requirement. Please help us serve you better by keeping your scheduled appointment(s).

Minors

The adult accompanying a minor be it the parent(s) or guardian is responsible for full payment (estimated portion due, if insured) at the time of service. For unaccompanied minors, payment arrangements must be made in advance with payment accompanying the minor the day of treatment.

Thank you for understanding our financial policies and goals for service to our patients. We thank you for choosing us to serve your wellness health needs! Please let us know if you have any questions or concerns.

X _____
Patient Name – Printed

X _____
Patient Signature or Parent/Guardian if minor

Date _____

X _____
Witness