# Integrative Pelvic Health

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## Office Policy

We hope you understand that credit and collection policies are a necessary part of assuring the financial resources needed to maintain this office for our patients and the community. ***Charges for services rendered at our office are due and payable at the time of service.*** We accept cash, check, Venmo, and credit card. If you have any questions regarding our charges, please ask.

If you have health insurance, please understand that this is an agreement between you and your insurance company. You will be provided with a ***Super Bill*** to reimburse certain amounts of care. Our bill for physical therapy services is an agreement between you and our office. You are responsible for the payment of your bill to us, regardless of the status of your insurance claim. There is no guarantee that your insurance company will reimburse you for services provided at Integrated Pelvic Health. You are responsible for calling your insurance company to be clear on what will be covered and if you need a physician's referral before proceeding with treatment.

If unusual circumstances should make it impossible to meet our credit terms, please call or personally discuss the matter with us. This will avoid misunderstandings and enable you to keep your account in good standing. Accounts 90 days past due are referred to a collection agency unless prior arrangements have been made. On any account that is sent to a collection agency, the patient is responsible for any collection fees, interest and court fees that may occur.

MISSED APPOINTMENTS

Due to a waitlist of people needing care, it is necessary for us to charge for missed appointments. If you cannot keep an appointment, please call to cancel. You will not be charged for cancelling your appointment if you call to cancel with at least 24 hours' notice.

If you fail to call, the following policy applies:

1. First missed appointment: the patient will be contacted by telephone about the missed appointment and will be reminded about the cancellation policy. We will be happy to reschedule the appointment to the next available opening.
2. Second missed appointment: A fee of $50.00 will be charged, which is not covered by insurance. Payment of this charge is required within 30 days.
3. Third missed appointment: The full price for the scheduled appointment will be charged. This charge is not covered by insurance. Payment is required within 30 days.
4. Fourth missed appointment: Because repeat offenders have prevented other patients from being seen, the patient's care will be reviewed for possible termination.

**Cancelling within 24 hours of your appointment will only be excused if you are sick or have an emergency.

Patient's printed name: _____

For minors, parent or guardian printed name:_____Relationship:_____

Signature _____ Date _____