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**We would like to thank you for choosing our office. We have written this policy to keep you informed of our current office and financial policies.**

**Appointments:** We see patients by appointment only. For same day appointments, please call our main office number and we will do our best to accommodate you.

**After Hours and Emergencies:** If you have an emergency call 911 immediately.

**Cancellations:** Please call within 24 hours if you are unable to keep your scheduled appointment. This allows us to provide that time slot to another patient. If a patient fails to keep an appointment and does not call within 24 hours to cancel, a \$50 fee will be charged. If a patient fails to keep a consultation appointment and does not call within 24 hours to cancel, a \$25 fee will be charged.

**Late Arrival:** Late arrival of 30 minutes or more could necessitate rescheduling your appointment.

**Leaving the Facility:** Under no circumstance is a patient permitted to leave the building during their treatment session. IV insulin cannot be administered except in the presence of trained personnel. There is a significant risk that anyone leaving the building during treatment could become hypoglycemic or hyperglycemic which would require immediate medical attention. If you leave the building, that medical attention is now unavailable, which is a very real danger, including the risk of death. We will not be held liable for any medical emergency or occurrence of any kind or nature resulting from your leaving the building.

**Treatment of Minors:** Patients under the age of 18 must be accompanied by a responsible adult or have written permission, for treatment, from a parent or guardian.

**Blood Work:** Patients are required to have routine labs drawn every 3 months, which must include but not limited to CBC, CMP, C-peptide, and Hemoglobin A1c. We will not treat you if we do not have updated labs on file. As a patient, it is your responsibility to ensure that we receive your test results. If your physician does not fax test results, you will need to pick-up a copy of your test results from the physician's office and hand deliver them to our clinic.

**History and Physical:** Patients are required to have a current History and Physical (H&P), within 1-year. If you do not have a current H&P, one will be done at your consult. If you do not have a primary care physician, please inform our Nurse Practitioner and we will advise you accordingly.

**Speaking with a "Nurse":** To speak with a nurse please call the main number and you will be transferred to the appropriate medical professional. Often at the time you call, the nurse may be in session and assisting other patients, in this instance please leave a detailed message with the receptionist-including your full name and a call back number. The nurse will call you back – usually within the same day.

**Prescriptions and Refills:** We are not your primary care physician and under no circumstances will we fill any requests for prescriptions or refills. If you are participating in the BioTe program, those medications may be refilled at the discretion of the provider.

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**No Insurance:** Payment will be due at the time of service.

**Insurance:** With some insurance companies, we are considered an Out-of-Network provider. This treatment is covered by Medicare Insurance. In addition, most private insurance carriers are providing coverage. Our goal is to help as many patients as possible to improve their health, and we have developed several programs to do so. Patients who are not covered by insurance are either using medical credit cards or making cash payments until they obtain insurance. We are willing to work on a patient-by-patient basis. As a courtesy to our patients, we will verify your insurance benefits for you. In order to do this, we will require information from you. We will need all your demographic and insurance information prior to your appointment. We ask that at the time of your appointment you bring your insurance card and a photo ID as well as any other forms that will assist in making sure that your claim is filed correctly. If there are any changes in your insurance, please notify our receptionist before your next treatment.

At the time of service, you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received. The co-pay cannot be waived by our clinic, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact.

You may receive a statement from our office for any balance due. For your convenience, we accept cash, checks, credit cards (Visa, MasterCard, American Express and Discover), and money orders. Payments are also accepted by phone. Returned Checks: There will be a \$25 charge assessed for any check returned by your bank for any reason.

**Medical Records:** We will provide you a copy of your medical records upon request for a fee of \$5. You will need to sign a letter of release prior to having them copied. Please allow up to 3 days for this request to be processed. Should you need to request medical records from your physician, we will provide you with a letter of release to complete and send to the physician's office for no fee.

**Billing:** If you receive a bill from our office, it is because the balance on your account is your responsibility. Please contact your insurance company first, if you think there is a discrepancy. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire balance, please call to make payment arrangements.

### **Acknowledgement**

I acknowledge that I have received and read a copy of the Office and Financial Policies.

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**Patient or Patient's Representative Signature**

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**Date**