



Financial Policy

I understand that payment is required in full for all services rendered at the time of my office visit, unless other arrangements have been made. If my account balance has not been paid within 30 days from the date of service and no financial arrangements have been made, I will be responsible for any expenses incurred in the collection of my account. Collection fees for delinquent accounts include any court costs and reasonable attorney fees, plus interest of 18% per year on all amounts outstanding. Initial _____

I understand and agree that health and accident insurance are an arrangement between my insurance carrier and me. I know it is my responsibility to familiarize myself with the rules and covered benefits of my insurance policy. I authorize Dr. Jane Ray to release any information required to process insurance claims. I understand that I am financially responsible for all charges whether or not paid by insurance. Initial _____

I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will become immediately due and payable. Initial _____

I understand that regardless of my payment method, any nutritional supplements, supplies, equipment, or educational materials I purchase must be paid for in full. These items will not be charged to my account and there is no refund on opened or used products. Unopened or unused products may be returned for a credit. Initial _____

If your check is returned for insufficient or uncollected funds, there will be a \$30 returned check fee in addition to any other bank fees accrued by this office in the collection of funds. Initial _____

Cancellation Policy

24 hour notice is required if you have to cancel your appointment. Otherwise, the full treatment price will be charged. Thank you. Initial _____

Medicare (If Medicare patient)

We participate with Medicare but do not accept assignment. You pay your doctor at the time of the visit, then we bill Medicare for you and Medicare pays you back, usually within 6-8 weeks. Initial _____

Signature of patient _____ Current Date _____

Signature of parent/guardian if patient is a minor _____ Current Date _____