## FINANCIAL RESPONSIBILITY AND POLICY STATEMENT

Thank you for choosing Healing Arts Medical, PA (HAM) for your healthcare needs. Our healthcare providers and staff are committed to enhancing the quality of your care and overall health and well-being. This policy statement is designed to inform you of our policies and answer any questions regarding payment for services.

#### **Payment for Services**

# HAM is a fee-for-service practice. Patients are to assume all financial responsibility for the office visits and services rendered during the time of service.

For your convenience, we accept cash, personal checks, Visa, MasterCard, Discover and American Express. Returned checks are subject to a \$35 return fee and no further personal checks will be accepted.

### **Telephone Support**

Telephone support is to aid in answering any questions or concerns that may arise, or to clarify instructions. Telephone calls are not intended to take the place of an office visit.

Telephone consultations that cover new material, require new information, take an extensive amount of time, or require a change in the treatment plan are considered substitutes for an office visit. These will be billed at the same rate as the visit for which they substitute.

### **Cancellation Policy**

If you are not able to keep your scheduled appointment, please notify us within 48 hours of the appointment. A cancellation with less than 48 hours' notice does not allow enough time for other interested patients to be scheduled. A charge of 50% of the service for which you are scheduled will be charged for late cancellations. Full service fees will be charged if no notice is given.

I agree to the above-defined financial policies. In case of default of payment, I am responsible for full payment of the balance, interest accrued, and any collection costs and legal fees incurred to collect on this account. I, the undersigned, have read, understand and accept the information and conditions specified in this document.

Patient or Parent/Guardian Signature

Date