



Lifetime Insight, LLC
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OFFICE POLICIES AND PROCEDURES ACKNOWLEDGMENT FORM

Your signature below indicates that you acknowledge receipt and have read Lifetime Insight's Office Policies and Procedures, which contains information on office hours and appointments, financial agreements and fees, policy on non-covered services, electronic communications, telephone policy, consumer etiquette, fraternization, grievances and accolades, primary care, prescription and refill policy/medication disclosures. By signing below, you agree to abide to the terms stated in those policies and procedures throughout our professional relationship.

(Signature of Patient)

OR

(Signature of guardian or authorized representative)

(Relationship to patient)