

ProHealth Center, LLC

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Payment Agreement, Cancellation & Missed Appointment Policy

Please read the following agreement. It explains your financial obligations while under our care and our policies regarding cancellations and missed appointments. Payment is **always** due at the time of service. We accept the following forms of payment:

Cash, Check, Visa, Master Card, Discover, or American Express – Please note that if paying with a credit/debit card there will be a service fee of 3.95% added onto your total. This is a processing fee that does not go to the practice.

INSURANCE:

1. If you have insurance, we will gladly check your benefits for chiropractic care **ONLY**.
2. We will file only all the chiropractic claims with your insurance carrier. Payment will be made directly to you from the insurance carrier. We are not a mediator between you and your insurance company and will not enter into any dispute with the same, as your contract is between you and your insurance company.
3. Should you receive any EOBs (Explanation of Benefits) from your insurance company that you do not understand, you may bring them into the office and we will be glad to assist you. If your insurance carrier requires additional information, we will promptly send the information.
4. Our office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent.
5. If you have questions concerning this or any other matter, please speak with our Office Manager prior to seeing the Doctor.

NEW PATIENT APPOINTMENTS & FOLLOW-UP VISITS:

- If you cancel or fail to show for your appointment without 24 business hour notice, you will be billed \$25 for your missed appointment.
- On the second occurrence, you will be billed up to the full price of your visit at the practice's discretion.
- Our staff at ProHealth Center is concerned for all of our patients and desire to be able to see you at times that work for each of you. We realize that circumstances arise that are out of our control; however, in order to see our patients in a timely manner and have accurate appointments available, it is necessary to require this notice.

IV THERAPY APPOINTMENTS:

Due to the rising cost of solutions and medications, we will now charge for the full price of the visit if you cancel or no show for an IV appointment. Preparations for mixing the IV bags are done the morning of the appointment, and once they have been prepared for the patient, they cannot be used for anyone else. We are trying to keep cost for these types appointment as low as we can. We hope you understand and thank you for your cooperation in this matter.

VIRTUAL & PHONE CONSULTATIONS:

We bill for phone and virtual consultations. They require the same time and expertise as office visits. Billing for phone and virtual consultations is, however, at the provider's discretion. Your provider may choose not to bill you if the nature of the phone or virtual consultation is uncomplicated.

If you have questions concerning this or any other matter, please speak with our Office Manager prior to seeing the practitioners.

By signing this payment agreement, cancellation and missed appointment policy, you are indicating that you understand and agree to the terms of service explained above. You are also indicating that you have given your permission to us to charge your credit card if any of the above stipulations apply to you.

Name of Patient or Legal Guardian: _____

Signature: _____ Date: _____

Type of Card: Visa MC AMEX Card Number: _____

Expiration: _____ Security Code: _____ Billing Zip Code: _____