



**Financial Policy:**

Revised: March 29, 2018

Payments (including co-pays) are due at the time of service.

Payment types accepted include: cash check, or credit card including most HSAs and FSAs.

Statements will be sent monthly. Failure to make payments in a timely matter could result in being sent to collections.

**Scheduling Policy:**

Appointments can be scheduled by calling our office at (920) 419-4696. Dr. Kate and staff will make their best effort to accommodate life circumstances that sometimes causes prescheduled appointments to be moved. If an appointment needs to be reschedule or cancelled by the client, a 12-hour notice is requested. If contact is made at least 12 hours before the scheduled appointment time, by contact or voicemail, there is no charge applied.

If contact is made less than 12 hours in advance of the scheduled appointment, there will be a \$25 charge for that appointment. After your third missed/late cancelled appointment, there will be a \$50 charge. These fees will need to be paid prior to any future appointments being scheduled. If you are 15 or more minutes late to your appointment, the doctor reserves the right to cancel the appointment and apply a missed appointment charge for that appointment. We ask that you please call the office if you are running more than 5 minutes late so that we know to expect you for the appointment. Please know that both text and email reminders are available by request for each patient. \_\_\_\_\_ (initials of client)

Should there be an emergency that requires less than a 12-hour notice to the office, Dr. Kate/staff will waive the above stated policy and no charge will be applied to the client. However, the doctor/staff reserve the right to deny this exception in the case of multiple and repeated claims.

The doctor will make every effort to honor the exact appointment time for each client; however, due to the nature of the types of treatment provided in the office, a client's appointment may run past the pre-determined time. In this case, the doctor will see the next client as soon as possible. Dr. Kate is committed to providing the best and most beneficial health care to clients, and requests understanding on this matter.

I have read and agree to the above financial and scheduling policies. I understand that the policies contained herein are subject to reasonable, periodic changes, and that each client is treated on a case-by-case basis. I will address any questions or concerns I may have directly with an employee in a timely manner.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_