



OFFICE POLICIES

CASH PAYMENT

PAYMENT IS DUE AT THE TIME OF TREATMENT OR CONSULT UNLESS OTHERWISE ARRANGED.

CANCELLATIONS

IF YOU HAVE TO CANCEL AN APPOINTMENT, WE REQUIRE THAT YOU DO SO 24 HOURS IN ADVANCE SO THAT WE HAVE A CHANCE TO OFFER THAT TIME TO ANOTHER PATIENT. IF YOU CANCEL YOUR APPOINTMENT ON THE DAY IT IS SCHEDULED, OR DON'T SHOW UP FOR YOUR APPOINTMENT, YOU WILL BE CHARGED THE FULL COST OF YOUR VISIT. IF WE ARE BILLING YOUR INSURANCE COMPANY FOR YOUR TREATMENTS, AND YOU MISS YOUR APPOINTMENT, YOU WILL BE CHARGED THE CASH PRICE FOR YOUR SESSION, AS WE CANNOT BILL INSURANCE FOR A MISSED APPOINTMENT. IN CASE OF EMERGENCY, ALL FEES WILL BE WAIVED.

SUPPLEMENTS

*****PLEASE INITIAL HERE TO INDICATE THAT YOU HAVE READ AND UNDERSTAND OUR DISPENSARY POLICIES (YOU MAY TAKE IT WITH YOU) INITIAL _____ DATE _____**

STATEMENTS

STATEMENTS WILL BE ISSUED MONTHLY. PLEASE TAKE CARE OF ANY UNPAID BALANCES OR CONTACT US TO SET UP OTHER PAYMENT ARRANGEMENTS. WE WILL DO OUR BEST TO ACCOMMODATE YOUR FINANCIAL NEEDS. PLEASE MAKE SURE THAT WE HAVE YOUR CURRENT ADDRESS AND CONTACT INFORMATION ON FILE.

MEDICAL INSURANCE CARRIERS

ALL CO-PAYS DUE AT TIME OF SERVICE.

IF WE ARE NOT IN NETWORK WITH YOUR INSURANCE AND THE PAYMENT RECEIVED DOES NOT MEET OUR MINIMUM PRICE PER TREATMENT, YOU WILL BE BILLED FOR THE DIFFERENCE.

IF INSURANCE CHECKS ARE SENT TO YOU PERSONALLY, YOU ARE RESPONSIBLE FOR SIGNING OVER THE CHECK OR MAKING PAYMENT TO JADE MOUNTAIN MEDICINE WITHIN 14 BUSINESS DAYS.

YOU ARE FULLY RESPONSIBLE FOR ANY FEES NOT PAID FOR BY YOUR INSURANCE PROVIDER.

AS PART OF OUR MEDICAL SERVICES, JADE MOUNTAIN WILL VERIFY INSURANCE COVERAGE FOR ALL NEW PATIENTS, BUT PLEASE BE AWARE THAT ALTHOUGH WE WILL DO OUR BEST TO KEEP YOU INFORMED, IT IS YOUR RESPONSIBILITY TO UNDERSTAND THE DETAILS AND LIMITATIONS OF YOUR POLICY.

SIGNATURE _____
DATE _____