



FINANCIAL POLICY

I understand that payment in full is required at the time of service, unless Transformational Health is billing my insurance company. A prompt payment discount of 15% is available on office visits when payment is received at the time of service. Transformational Health accepts cash, checks, debit cards, Visa and Mastercard.

I understand that natural medicines recommended by my practitioner are not covered by insurance (although some insurance plans may reimburse). If I choose to purchase natural medicines from Transformational Health, I understand that payment in full is due at the time of purchase.

I understand that if Transformational Health is billing my insurance company, my copayment is due at the time of service. If Transformational Health is not contracted with my insurance company, I may be required to bill my own insurance company for reimbursement.

I understand that insurance benefits vary greatly from policy to policy and that it is my responsibility to be aware of the extent and limitations of my coverage for care. I understand that some of the testing and therapies that my physician recommends may not be covered by my insurance plan. I understand that insurance companies may refuse coverage or only pay a portion or percentage of my fees. **I understand that I am responsible for any and all fees not covered by my insurance plan.**

I authorize the practitioner to release to my insurance company, or companies, any and all information necessary to process my claim. I further authorize that payment(s) be made directly to Transformational Health.

Cancellation Policy

I understand that Transformational Health requires a minimum of 24 hours notice if cancelling an appointment. If it is not an emergency situation and I cancel less than 24 hours before my scheduled appointment, I understand that I may be charged for my missed appointment.

I have read, I understand and I agree to follow the financial policy and cancellation policy above.

Patient Signature