



**AUTHENTIC
HEALTH D.O. LLC**

Practice Financial Policy

Thank you for choosing **Authentic Health D.O.** as your healthcare provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Practice Manager.

When are payments due?

The full cost of service is due at the time of check-out, unless previous arrangements have been made with our office. *For the most updated information about our services, what they include, and costs, please access our Services page at www.authentichealthdo.com.*

How can I pay?

We accept payment by cash and check. We will accept post-dated checks only when provided within an approved payment plan.

Do I need a referral or pre-authorization / do you bill insurance?

Our practice does not accept insurance, and therefore a referral or pre-authorization is not necessary. Due to the rising costs of insurance, it is often cheaper to apply one of our treatments to a yearly deductible or use such funds as a Health Savings Account (HSA).

Upon request, we can provide a Superbill, which you can use to submit to your insurance provider for reimbursement.

I have a hardship. How can you help me?

Some patients may accrue large balances for services provided. At the sole discretion of the practice leadership, we will work with you to set up a mutually feasible payment plan. In some cases, if the minimum payment due cannot be paid, we will need proof of financial hardship. We may be forced to pursue collections of balances in the absence of tangible proof of hardship.

What if I missed my appointment to see the physician?

We understand that on rare occasions, issues may arise, causing you to miss your appointment when you cannot notify our office before your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled.

Dr. Davis is committed to your well-being and has reserved time just for you.

****Patients who miss more than one appointment without notifying the office 24 hours before the appointment time are subject to a \$50 missed appointment fee billed to the patient.**

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me. I acknowledge that these policies do not obligate Authentic Health D.O., LLC, to extend credit to me for services provided. I acknowledge that signing with this electronic signature and clicking on all initials/signature boxes or prompts is representative of a handwritten signature, and are as legally binding as to all extents permitted by law.

Name of Patient/Representative: _____

Signature of Patient/Representative: _____

Date: _____