
Office Policies

The undersigned patient is responsible for full payment on the day of treatment unless other previous arrangements have been made. Glenn Frieder Chiropractic Corporation (GFCC) accepts cash, checks, or credit cards. **A deposit of \$150 is required at the time of scheduling for a New Patient appointment. This will be applied to the initial office visit fee. If a cancellation is made 48 hours prior to the New Patient appointment the credit card will be refunded.** All supplements must be paid for at the time they are purchased. Only unopened supplements may be returned, and there will be a 15% restocking fee.

HEALTH INSURANCE/ MEDICARE: GFCC does not bill **any** health insurance companies with the exception of Medicare. (Dr. Amber Walz does not bill for any insurance companies including Medicare.) For Dr. Glenn Frieder's Medicare patients, GFCC will do the billing for you, however, we do not accept assignment, and payment is due in full at time of visit. Medicare sends any reimbursement directly to you. GFCC will provide documentation and receipts for patients who wish to seek direct reimbursement from their health insurance company.

PERSONAL INJURY/AUTO ACCIDENTS: GFCC **does not** accept lien cases and does not bill third-party insurance (i.e. the insurance company of the other party/parties involved in the accident). We will accept cases with pre-approved med-pay from the patient's own insurance company. Any other cases will be accepted on a cash basis with the patient paying in full for services as rendered, and GFCC can provide documentation/receipts so that the patient can seek direct reimbursement for treatment, however GFCC cannot guarantee that any reimbursement will be made.

WORKERS' COMPENSATION: GFCC does not accept Workers' Compensation cases.

CANCELLATIONS AND MISSED APPOINTMENTS:

OUR POLICY PERTAINS TO ANY AND ALL PRACTITIONERS TREATING AT GFCC. OUR POLICY REQUIRES A **24-HOUR** ADVANCE NOTICE OF A CANCELLATION FOR EXISTING PATIENTS, AND A **48-HOUR** ADVANCE NOTICE OF A CANCELLATION FOR NEW PATIENTS.

A MISSED APPOINTMENT OR LAST MINUTE CANCELLATION WILL RESULT IN A CHARGE OF \$125, (THE STANDARD OFFICE VISIT FEE FOR EXISTING PATIENTS). THE NEW PATIENT DEPOSIT OF \$150 WILL NOT BE REFUNDED.

I understand and agree that all services rendered will be charged directly to me and that I am responsible for their payment. I also understand that if I suspend, or terminate, my care and treatment, any fees owed for the services will become immediately due and payable. By signing this document I agree to the above.

Signature of patient (or responsible party)

Date