



OFFICE FINANCIAL POLICY

TO OUR VALUED PATIENTS:

Thank you for choosing Center for Healing and Regenerative Medicine for your medical care. We are committed to providing you with the best possible medical care. Please review our financial policy below. If you have any questions, please ask one of our staff to assist you with an explanation.

TIME OF SERVICE PAYMENT

Payment is required at the time services are rendered unless other arrangements have been made in advance by you and/or your insurance carrier. This includes applicable and estimated co-insurance and co-payments under your insurance policy, deductible amounts under your insurance policy, and non-covered services. Regenerative Medicine and Med Spa services are non-covered self-pay services. We urge you to keep your account current to avoid any misunderstandings with our office. CHARM accepts cash, personal checks, money orders, and most credit cards. There is a \$30 charge for all returned checks.

INSURANCE

As a courtesy to you, we will bill your insurance company. It is your responsibility to provide us with information regarding the insurance we will be billing. If you do not have your insurance card(s) with you, your account will be considered "Self-pay" until you provide us with the appropriate documents. Insurance coverage is a contract between you and your insurance carrier. **You are ultimately responsible for full payment of services rendered and knowing what your insurance will or will not pay.** Our front office staff will do their best to give you an **estimate** of what you'll owe each visit. Please be sure to inform the front office staff of any changes in your policy or information.

REFERRALS

Your insurance may require a prior authorization for some services before you can be seen here. It is your responsibility to make sure CHARM has this authorization on file at the time of your visit. If the authorization is not provided, you may be asked to reschedule or pay for your visit at the time of service.

REGENERATIVE MEDICINE

The fees and pricing guidelines are available upon request. You will be given a quote for your treatment after examination and evaluation.

FORMS FEES

Completing insurance or any types of forms, copying medical records, etc., requires office staff time and time away from patient care for our physicians. **We require pre-payment for completing forms, copying medical records, notarizing, or for extra written communication by the doctor.** Fees start at \$25.00. Postage and notary fees are additional. Our medical records department can give you a fee amount upon your request for copies. **Forms requested for completion by our physicians and requests for copies of medical records must be provided at least one (1) week before it is needed.**

NO-SHOW POLICY AND FEE

A missed appointment leaves an empty slot that could have been used by a patient in need of medical care. We therefore request that patients who are unable to keep their scheduled appointments notify us at least 24 – 48 hours in advance so the time might be made available to someone else. Because of the extensive time it requires for scheduling and set up of our BMAC and Vampire Facelift procedures, we do require a 48 hour cancellation. PRP procedures require a 24 hour cancellation. Below are our no show/cancellation fees:

BMAC NO SHOW OR CANCEL < 48 HRS: \$250 FEE (LOSS OF \$250 DEPOSIT)

VAMPIRE FACELIFT NO SHOW OR CANCEL < 48 HRS: \$250 FEE (LOSS OF \$250 DEPOSIT)

PRP NO SHOW OR CANCEL < 24 HRS: \$100 FEE

NO SHOW ALL OTHER APPOINTMENTS INCLUDING PHYSICAL THERAPY: \$100

LATE CANCEL (<24 HRS) ALL OTHER APPOINTMENTS INCLUDING PHYSICAL THERAPY: \$50

After three missed appointments within 12 months, you may be discharged from care as a direct result of “noncompliant to treatment”.