***Premier Health Care, L.L.C.***



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**Policies & Information**

Welcome to Premier Healthcare LLC. Thank you very much for choosing us to care for you. It is part of our “Extra Caring” approach to health care to openly discuss our office policy with you. We believe that a clear definition of our office policy will allow both you, the patient, and us, the clinic to concentrate on the big issue – REGAINING AND MAINTAINING YOUR HEALTH.

All doctors in our office hold an active license and you could be treated by any of them, in addition our entire staff has been trained to assist with treatments.

**APPOINTMENT POLICY**

1. Multiple appointments have been scheduled for your convenience to minimize waiting and to facilitate incorporating these appointments into your daily routine.
2. Regardless of how many appointments are scheduled for you each week please note that it is the frequency of visits that count, not the days.
3. Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment within 7 days of cancellation.
4. This office reserves the right to charge for missed appointments and those cancelled without 24 hours notice.
5. When entering the office on any given visit, please go directly to the front desk and sign in. We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have any questions regarding your appointments, please do not hesitate to speak to the doctor directly.

**FINANCIAL POLICY**

1. It is our policy that all services rendered in this office are charged directly to you, the patient and that you are personally responsible for all payments regardless of whether or not this office accepts insurance assignments.
2. All payments are expected at the time of service or at the end of each week. Payment can be made in the form of cash, personal check or credit card. There is a $15 charge on all returned checks.
3. All insurance assignment patients must pay their deductable in full and the co-insurance at the time of service or at the end of each week.
4. For all patients with non-participating health insurance the first visit will be charged on a cash basis.
5. For all insurance assignment claims not paid within 60 days of submission, you will be responsible to take an active role in the recovery of your claim. After 90 days you will be responsible for payment in full for any outstanding balances. Those outstanding charges will be charged at an interest rate of 9%.
6. Most insurance companies will pay for the usual and customary charges of this office, however, this office will not enter into any dispute with an insurance company over the amount of reimbursement.

Thank you for understanding our office policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to the above policies.

Patient Name:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_