



# INTEGRATIVE HORMONE

## *Specialists*

Dear Client,

Integrative Hormone Specialists would like to take this opportunity to communicate to you the payment policies of our practice. It is important to our relationship with you that we outline the financial responsibilities for services.

Our practice provides quality services on a "Cash for Service" basis. All procedures must be paid for at the time of service. Quoted rates are subject to change without notice, however, we will attempt to notify our clients of any changes. Cash payment options include cash, check, Mastercard, Visa and Discover credit cards. There is a \$25 fee for returned checks. We ask that you please make every attempt to give at least 2 business days notification of cancellation from your scheduled date to be seen and we reserve the right to charge a fee for not showing for an appointment or for cancelling an appointment that is less than 2 business days. The charge will generally be 50% of the usual appointment charge. Upon scheduling of your first appointment, we will request a credit card to be kept on file to assist with any charges. By doing so, you are giving us permission to charge this card for cancellation fees as previously stated. Missing more than one appointment or habitual cancellations may be cause for expulsion from the practice.

Integrative Hormone Specialists, LLC and its providers do not participate with any insurance plans, including Medicare. We will not file claims for any services to any insurer. Any health insurance claims submitted by you to your insurance company will be processed against your "out of network" benefits. Integrative Hormone Specialists, LLC and its providers do not guarantee reimbursement from your insurance company for our services and are unable to assist in this process, other than providing you with the information necessary to complete your own claim form. We recommend obtaining your own insurance company's claim form to submit, as this will maximize the likelihood of reimbursement and expedite the process most efficiently.

We thank you for your promptness in payment for services.

Sincerely,

  
Lori Sweat, MD

  
Carol Cornett, APRN

By signing this document, you agree to the terms and conditions of your financial obligations, as well as the Client and Provider Expectations.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name