

OFFICE POLICY

Our primary concern is that you complete your program of care. We ask that you make financial arrangements for payment of all services at the beginning of care, and that you honor them.

All services rendered are charged directly to you, the patient, and you are ultimately responsible for all payments regardless of whether or not this office accepts any form of insurance assignment.

PRIVATE PAY:

We offer several methods of payment. Payment is due at the time of service. Your balance may be paid by cash, check, or Visa\Mastercard, Discover or American Express. (Returned checks will be subject to a bank fee.)

All payments are expected at the time of service. Patient balances may not exceed \$150 at any time or professional care may be terminated. Payment plans may be available and may be discussed on special circumstances at the doctor's discretion.

INSURANCE ASSIGNMENT:

We do not accept insurance assignment. You are totally responsible for charges that may be incurred in this office.

If you are covered by a Managed Care policy, our office policy is the same as insurance assignment. If you seek coverage, your managed care plan may not approve all the visits and services you require, and you will be responsible for these and may not receive reimbursement. If your policy requires you to have a referral to our office, you are responsible for obtaining this prior to your appointment(s).

HEALTH SAVINGS ACCOUNTS:

If you choose to seek reimbursement from your Health Savings Account, or other plans such as Cafeteria Plans, you will ONLY be credited or compensated for the amount you actually paid when permitted by your plan.

WORKERS COMPENSATION, MEDICARE, & MEDICAID:

We do not accept Worker's Compensation. You will be personally responsible for all bills at the time of service. If your insurance decides that treatment should fall under Worker's Compensation, you are personally responsible for all bills.

AZ Nutrition Center, LLC is currently not part of Medicare and cannot bill Medicare for any services. You are totally responsible for charges that may be incurred in this office.

EMAIL POLICY:

All communication that pertains to your health or asks for Dr. Rinehart's clinical opinion is subject to billable hours. This includes emails and phone calls. These will be billed at a rate of \$6.00/minute unless otherwise noted. Simple yes/no questions and document requests will not be billed. ♣
Example: \$30.00 for 5 minutes (typical for medium-length emails)

23ANDME.COM OR SIMILAR GENETICS REVIEW:

Dr. Rinehart takes extra time outside of scheduled hours to review 23andme.com results. This review is billed at a flat fee of \$125.00. 23andme.com/Livewello/Promethease.com are separate 3rd party services that incur their own fees.

MISSED APPOINTMENTS:

THERE IS A 24 HOUR CANCELLATION POLICY. A \$50.00 CHARGE WILL BE BILLED FOR MISSED APPOINTMENTS OR APPOINTMENTS NOT CANCELLED WITHIN 24 HOURS PRIOR TO THE SCHEDULED TIME.

THERE MAY BE AN ADDITIONAL CHARGE OF \$50 FOR ANY EMERGENCY VISITS OR OFFICE VISITS OUTSIDE OF OUR NORMAL OFFICE HOURS

SERVICE PACKAGES:

AZ Nutrition Center, LLC will refund any overpayments made to us upon request at completion of custom plan. When cancelling packaged services, the regular fee schedule will be charged for any services rendered. Remaining services will be reimbursed the balance remainder after normal fees are applied.

In the event that my account becomes delinquent for more than 30 days, I also agree to pay a finance charge of 1.5% per month on my balance due, as well as all reasonable collection costs not to exceed 50%, as well as court costs, attorney fees and interest fees accrued with the collection of this account.

SIGNATURE: _____

DATE: _____