



INSURANCE RESPONSIBILITY

Your insurance agreement is between you and the insurance company. The services we provide are due and payable at the time of service. As a courtesy, we allow our patients to use their insurance coverage in our clinic.

Please be advised that, if, for any reason your INSURANCE CARRIER denies claims for services we provided you, YOU are RESPONSIBLE for paying off the outstanding or disputed amounts.

If we have issues with your insurance claims, because Active Life was not notified of the change of coverage/information by you, the patient, or you have reached your maximum visits allowed and the claims are denied, we will no longer honor the insurance coverage and you will need to be on a CASH BASIS ONLY.

I HAVE READ AND FULLY UNDERSTAND THAT I AM EXPECTED TO MAKE SURE MY INSURANCE COVERAGE PROVIDED IS CORRECT AND UPDATED WHEN CHANGES ARE MADE. I ACCEPT RESPONSIBILITY FOR OUTSTANDING CLAIMS AND AMOUNTS.

PRINT NAME: _____

Patient Signature

Date

MISSED APPOINTMENT POLICY

Due to the thoroughness of our care, we spend a great amount of time on our patients. In order to have adequate time for our patient care, we carefully schedule your appointments. We do this because we value your time as well as our own time.

Once we have made an appointment for you, we have reserved a certain amount of time for you on that visit. If you are unable to keep your appointment, you are required to give us at least a 4 hour notice of a cancelled appointment.

Effective immediately there will be a \$20 fee
for missed appointments.

I have read and fully understand that I am expected to keep my appointments. I agree that if I miss a scheduled appointment without notifying your office at least 4 hours in advance, I am required to pay a \$20 missed appointment fee.

Patient Signature

Date