



Label

We have established this financial policy to maintain affordable prices for our services.

Financial Policy

It is the policy of CMB Health Specialties that all services are paid in full at the time of service by the patient or the patient’s guardian/representative. We accept cash, check, MasterCard, Discover, Visa or American Express.

My Financial Responsibility

I understand that the integrative care that I receive from Dr. Brown is not available through conventional medicine and is not covered by insurance. There are no insurance codes for Integrative Care.

I understand that insurance rates do not apply to charges for items or services and acknowledge that I am responsible to pay for these services, in full, at the time of visit.

Insurance Billing

I understand that I will not submit (or request that my physician submit) a claim to my insurance or its agent for these services.

I understand that I, or my insurance company, will be responsible for payment of *laboratory studies*. I understand that I am able to request an order for blood work to be drawn and tested at any laboratory of my choice. It is my responsibility to know which lab my insurance allows.

I understand that some specialty tests may not be deemed a “covered benefit” under my insurance policy and require pre-payment in order for these tests to be done.

I understand that most tests are considered a benefit and medically necessary when ordered by a licensed physician but this may not be the case with *my insurance company*. If I have questions or concerns regarding coverage for lab tests, I understand it is my responsibility to contact my insurance company for details regarding my coverage before having my blood drawn.

Medicare

I understand that Medicare payments will not be made for services provided by Dr. Brown. She is a non-participating physician for Medicare. Some of these services would have been covered by Medicare if a Medicare participating provider had ordered them.

HSA or Health Sharing Accounts

I understand that I will receive a detailed invoice identifying services provided during my visit as well as a detailed list of any supplement purchased and their purpose that may be used for an HSA or similar personal health sharing account.

Returned Checks

I understand that there will be a \$50 charge for checks returned due to Non-Sufficient Funds in addition to the original invoice.

Appointment Modifications/Cancellations

To avoid a cancellation fee, please call or email to reschedule *no later than 2* business days prior to your appointment. This allows us sufficient time to schedule a patient who may be waiting for an appointment. Your consideration helps both of us. After the 2nd “no-call, no-show,” the next visit will require full pre-payment. I understand that CMB Health Specialties reserves the right to charge a \$99 fee for uncancelled appointments or those cancelled in less than 2 business days.

I have read the above financial policy and find the terms acceptable.

Signature

Date

Thank you for choosing CMB Health Specialties for your Integrative care.