

Policy Agreement Form

A \$75 Appointment Deposit will be required of each patient, paid at the time of scheduling, or at least 1 week prior to the scheduled appointment. This deposit ensures your visit with Sylvia and will be applied to the visit total at checkout. The entire \$75 deposit will be applied toward a Missed Appointment Fee should you miss your scheduled appointment time without 24-hour advance notice. **If the deposit is not paid, your appointment will be cancelled.**

Financial Policy Agreement

Amberwood Terrace Integrated Health operates as a CASH practice, meaning our office is not in network with any insurance companies and does not accept insurance. Patients with insurance benefits will be responsible for filing all claims on their own with a superbill, provided by request, following the appointment. There is a service fee of \$35 for any returned checks. Cash, Check, Debit/Credit Cards are accepted.

If an account is not paid within 120 days of the statement date, a \$50 collection agency processing fee will be added to the outstanding balance and will be turned over to collections for further processing. No additional appointments will be made for delinquent accounts until they are brought current. **ATIH expects you to honor the financial agreement you make with our office. If you find that you cannot fulfil the agreement you are making with us, please advise one of our staff immediately.**

Missed Appointment Policy

Sylvia Zakusilov, NP-C has a high demand for appointments, missed appointments prevent us from scheduling appropriately and keep others in need of urgent care from being seen. If you are unable to make your appointment day or time, it is your responsibility to contact the office ASAP, at least 2 hours prior to your scheduled visit. **The \$75 Appointment Deposit will be applied toward the Missed Appointment Fee if no notice given via phone conversation or voicemail.**

Virtual Visits

You will receive a link that will lead you to the appropriate page on the day of your appointment -or- visit doxy.me/Zakusilov and enter your name, Sylvia will meet with you soon. An Appointment Deposit of \$100 will be required prior to your meeting with Sylvia and will be applied to the total cost of your visit. If more is due, arrangements are to be made.

By signing this form:

I understand that \$75 is due and expected to be paid PRIOR to my scheduled appointment. If not paid, my appointment may be cancelled.

I understand my \$75 Appointment Deposit will be lost if I miss my appointment. A new Deposit will be required to reschedule.

I understand that I, the patient or guardian, am completely financially responsible for any and all services provided by Amberwood Terrace Integrated Health. I understand I will be billed for the full cost of the visit which is due at the time of service.

I understand that it is my responsibility to know my insurance benefits and to file with any company for reimbursement. I understand that ATIH staff knows NO information regarding my insurance coverage.

Patient Name: _____ Signature: _____ Date: _____

Parent or Guardian: _____ Signature: _____ Date: _____

ATIH Staff: _____ Signature: _____ Date: _____

