

Office Policy

Dear patient,

Welcome. To help you get acquainted here, I've prepared a few words about the office and fee schedules. Would you please review this information carefully?

Thank you.

OFFICE PROCEDURE AND FEE SCHEDULE

Dr. Toder practices Traditional Osteopathy. All patients are expected to have a primary care physician for their conventional medical needs such as prescriptions, routine laboratory work, and medical screenings.

Adult initial history, structural evaluation and treatment (40-90 minutes): \$270-\$295.

Pediatric (0-16 years old) initial history, structural evaluation and treatment (40-90 minutes): \$190

Adult Follow up consultations (20-50 minutes): \$155-\$180.

Pediatric (0-16 years old) follow up consultations (20-50 minutes): \$155

Brief visit \$55.00 (interim care, other than osteopathic treatment).

MISSED APPOINTMENTS

Your appointment is time set aside for you to see the Doctor. If you did not keep your appointment, that time is lost to another patient. A follow-up consultation fee will be added to your account. If you have had an emergency or cancel that appointment within 24 hours, no charge will be made.

INSURANCE

At the end of each visit, you will receive a standard insurance receipt. You may use this receipt to file for reimbursement from your insurance company. However, I regret that I am unable to accept the following: Disability Insurance, Workers Compensation, Medicaid, Medicare, Liens, and Assignment from your Insurance Carrier

If you need a special form prepared the fee is \$30.00-50.00 depending on how long it takes to complete that form.

PAYMENT

Unless previously arranged, would you please take care of your bill at the end of each visit? We accept cash, checks, credit, (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS) or debit cards.

POSITIVE ACCOUNT BALANCE AND RETURNED BANK ITEMS

On all accounts not paid in full. I will add a late charge of 1.5% of the unpaid balance or \$2.00 (see whichever is greater) each month.

If your check is returned from the bank. I will add a \$25.00 "return check" fee will be added to your account.

Thank you for taking time to review the office policy and fee schedule. I understand that you have come here seeking specialized treatment, and I will endeavor to assist you in your healing process. If you have any questions about this policy, would you please ask them now?

Patient signature

Date