



SNOWCREEK  
INTEGRATED HEALTH, LLC

## FINANCIAL POLICY

**Welcome to Snow Creek Integrated Health, LLC and the offices of Snow Creek Health Center!** Our mission is to facilitate health, happiness and wholeness through traditional healing sciences. Each client is treated as an individual with their overall health and wellness as a first priority. Thank you for choosing our practice.

Our financial policy is designed to help treat all clients equally and fairly. We've learned from experience that clear communication avoids any potential problems later on in our relationship. Please read the following carefully.

Co-payment is due at the time of services. We accept cash, check and visa or master card.

We are more than happy to process your insurance billing for you. Please remember that insurance policies are a contract between your insurance company and yourself. **In the event your insurance company denies payment, if your deductible has not been met, or for any other reason your insurance company does not pay in full, you will be responsible for the balance due.** If, during the course of your treatment, there are changes in your policy, please notify us as soon as possible to avoid any potential billing problems.

### Missed Appointments:

- Please cancel your appointments 24 hours in advance so we may be able to offer the space to someone waiting to be seen.
- We understand this is not always possible so a one-time courtesy will be given. After the first time you will be billed at the regular fee.
- No Shows: Not calling to cancel and not showing up for your appointment is considered a "no-show". A one-time courtesy will also be given for a no-show, after that you will be billed at the regular fee.

We appreciate your understanding and courtesy in regards to missed appointments.

I acknowledge that I have read, understood and agree to the above financial policy.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_