

# Back to Health Wellness Center

Dr. Chaz Schatzle

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## Office Policies and Financial Agreement Form

All patients must read and sign this document

1. If it is necessary for you to cancel or reschedule an appointment, we require a full 24 hours notice to change your appointment without charge. Any appointment cancelled or rescheduled without 24 hour notice will result in charging a \$60.00 fee. We reserve the time for you that another person in need of care could have had with the doctor if you provide the required notice. If you are more than 10 minutes late, we reserve the right to charge you and reschedule if we cannot accommodate you.
2. Insurance is a contract between you and the insurance company. If, for any reason, they do not pay for a procedure you are responsible for payment.
3. If you are a patient who has had a work related, automobile, or other accident or injury, it is your responsibility to provide us with the name of adjuster, phone number, and claim number of the responsible insurance companies and/or your attorney.
4. The fees for supplements, supplies, deductibles and copays are payable in full at the time of your visit unless other arrangements have been made in advance.
5. This is a Fragrance Free office. Due to the sensitivities of office staff and some of our patients, we request that you refrain from wearing perfumes or colognes on the day of your visit.

I have read, understand and agree to the above policies.

(Print) First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

(Signature) Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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