

MILD HYPERBARIC OXYGEN THERAPY FINANCIAL POLICY AGREEMENT

The following is our Financial Policy which we require that you read and understand prior to therapy.

PHYSICIAN CONSULTATION

- All patients must do a consultation with Dr. Eileen Comia prior to therapy. The consultation normally runs about 30 minutes but may extend depending on the complexity of a patient's problem. The Physician Consultation Fee is **\$125.00 per 15-minute increments**; it is separate from the mHBOT session fee. To schedule an appointment, we require a **non-refundable** Scheduling Fee of \$125; this amount will be applied towards the Total Consultation Fee.
- The following forms must be completed prior to therapy:
 1. mHBOT Patient Registration Form
 2. mHBOT Informed Consent
 3. mHBOT Financial Policy Agreement
 4. mHBOT Office Policies Form

HBOT SESSIONS

- The Fee Schedule for mHBOT:
 - Single Session ("Dive") = **\$110.00 per session**
 - Package Plan = **\$500.00 per 5 sessions** (i.e. \$100 per session)

All mHBOT sessions are **paid in-advance**. A Single Session may be converted to the Package Plan but must be requested immediately following the Single Session. Each session is a maximum of 1 hour. The HBOT session may begin following the consultation depending on availability.

- All sessions once purchased are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.
- **We do not participate with any insurance company**. We do not file claims nor give out any procedural codes. All sessions are paid out-of-pocket.
- Forms of Payment: We accept cash and credit cards (Visa, MasterCard). No personal checks.
- **Cancellation/Rescheduling Policy**: All cancellations must be done **at least 24 hours** prior to the scheduled appointment. Failure to call will result in forfeiture of the individual session.
- **Missed/No Show Appointment Policy**: The session fee will be forfeited if a patient misses a scheduled session. It cannot be applied towards future appointments.

- Special Consideration will be given to true emergencies. A written proof must be submitted for documentation and consideration of any refunds.
- Delinquent Accounts: Any collection or attorney's fees incurred because of delinquent accounts will be the responsibility of that account. All balances over 30 days will be subject to monthly late charges (2% per month).

Thank you for taking the time to understand our Financial Policy.

**MILD HYPERBARIC OXYGEN THERAPY
FINANCIAL POLICY AGREEMENT**

I have read, fully understand, and agree to abide by the Financial Policy Agreement of Advance Biomedical Treatment Center, LLC.

_____	_____
Printed Name and Signature of Patient	Date
_____	_____
Printed Name and Signature of Parent, if minor	Date

Please indicate your preferred method of payment. If paying by cash, please do not mail payment.

_____ CASH = \$ _____

_____ Visa / MasterCard: Name on Card: _____

Card No. _____ 3-Digit no. (Back of card) _____

Expiration Date: ____ / ____ Billing Zip-Code of Credit Card _____