

RADIANT HEALTH FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality service. Please review our payment policy and let us know if you have any questions or concerns.

1. Payment is due at the time of service.
2. Payment methods accepted are cash & credit cards.
3. Missed appointment/late cancellation policy: We require 24 hour advanced notice for appointment cancellation. If proper notice is not provided, a \$75 fee will be assessed. We keep a credit card on file.
4. We do not bill insurance. A super bill with diagnosis codes can be provided to you upon request.
5. Please note: All one time membership fees are NON-REFUNDABLE & will be used as a deposit to secure your appointment time and deter continuous rescheduling of your 1st foundation visit. Your scheduled time not only represents time you have booked with the physician, but also time that cannot be claimed by another client. In the event of cancellation or rescheduling, the membership deposit fee helps mitigate a fraction of the loss the business might experience as we cannot book another client.

Note: We will collect an additional \$100 new rescheduling fee for new patients if you cancel outside our cancellation policy above.

Thank you for your understanding.

I have read and understand the payment policy and agree to abide by its guidelines.

Patient Signature

Date

Credit card number to keep on file

CVV

Expiration

Billing zip code