



OFFICE POLICIES FOR MEMBERS

Service: Exceptional quality and service in the delivery of health services and products is our goal. We ask for your tolerance and understanding in advance for those times when circumstances make this difficult to accomplish. In the field of health care, there are situations, where the needs of the individual are of a serious enough nature to circumvent those whose situations are less demanding. Although this may be challenging, it is not common in our practice and there is comfort in knowing that if the situation is ever reversed, we will be available for you. We respect your time and strive to run our office in an efficient, timely way and ask you help us achieve the goal by being on time for your appointments.

Financial Policy: Our office is not a participating provider for ANY insurance or managed care plans. We will only accept you as a "self pay" member of our health co-op and private member association.

Fees: Fees for service are due the day that the service has been provided unless other arrangements have been made in advance. For services rendered to minors, we expect payment from the adult accompanying the minor at the time of service. Payment can be made in the form of cash, personal check or by Visa or Master card. Your understanding and co-operation is appreciated.

During your visit today, please ask what the fees are for the various services that will be offered to you, if you have any concerns. Before starting any course of treatment your doctor will sit down and discuss your consultation, examination, and test findings, and will give you a recommendation including the cost estimates. Our fees are typically at or below what you will find that other providers are charging in our locale for same or like services.

If you foresee any challenges financially, be sure to address them during your initial consultation or when you are given your reports and recommendations. If money is an issue that will prevent you from receiving the health care you need to live a pain free, high quality and productive life, please tell us. We may be able to modify your treatment plan and we have payment options available including financing methods, which can spread the cost over several months. If you need charity or indigent care, we are able to provide it if you meet certain criteria.

Privacy Policy: I acknowledge that I have received or been offered a copy of the PTGA Policy.

Lab: We use Lab Corp for our blood test.

General Consent for treatment: I have requested health services from PTGA for myself and/or my dependent. I give permission to PTGA to examine and treat myself and/or my dependent, as they deem necessary.

Cancellations/No show Policy: There may be a fee of \$50 for confirmed appointments that are not kept and also for appointments that are cancelled with less than 48 hours notice. We understand that unavoidable circumstances arise and these will be taken into consideration.

*****Please note: If your appointment is for a follow-up on an existing health/wellness issue and other problem or concerns are addressed, you may be charged for an extended office visit which may generate an additional fee.**

Telephone Consultations: There is a fee when a telephone consultation is scheduled or is used in lieu of an office visit for a new or ongoing problem. The fee is at the discretion of the doctor.

Thank you for choosing our clinic as part of your health team and we welcome you to our health family.

I have read and understand the above information.

Patient/Guardian Signature

Date

Witness