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FREEDOM TOTAL WELLNESS – Office Policies

Office Hours

- Our office hours are 8:00 am to 12:00 pm and 1:00 pm to 5:30 pm Monday through Friday. The Lobby is closed between Noon and 1 pm daily.
- We are able to see you for **2 conditions per visit** due to increased documentation requirements.

Financial Policy

- Payment is due at time of service. We accept cash, Visa, MasterCard, American Express or Discover.
- For patients with health insurance: co-pays, co-insurance and/or deductibles will be collected at the time of service. Your insurance policy is a contract between ***you and your insurance company***. In the event of denials, errors, service caps, policy exclusions or non-covered services, you, as the patient, are responsible for payment of all services rendered. Please notify the office of any changes in your insurance coverage before services are rendered.
- If you do not have insurance, the office staff can provide you with Self-Pay cost of services which are due, in full, at time of service.
- We reserve the right to report any unpaid balances greater than 120 days old to a collection company for payment recovery.
- If you have multiple insurance policies, ***you are responsible*** for coordinating primary vs. secondary with your insurance companies and notifying us the correct order for claim filing. Failure to do so can result in claim denials and refusal to pay.

Initials required

ADDITIONAL FEES

- **Our No Show fee for a missed appointment is \$60.00; this is due to the loss of revenue.**
 1. Please call our office ahead of time if you need to cancel your appointment.
 2. Plan to arrive on time for your appointment.
 3. Arriving **10 minutes** past your scheduled appointment causes us to cancel your appointment and is classified as a **No Show**. Please be courteous and arrive on time.
- Disability, FMLA, employer-related or legal forms are **\$45.00 per occurrence**. ****Our providers do not perform complete disability evaluations for military or Workers Compensation reviews. *This is not a fee that is covered through insurance.*** To be paid in full before documents are released.
- Copy or faxing attorney and third-party medical records: **\$25.00** for first 20 pages, \$.25 each page thereafter. Please allow up to 7-10 business days. ***This is not a fee that is covered through insurance.*** To be paid in full before documents are released.
- Returned check fee is \$35.00.

Initials required

Auto Accidents or Workman's Compensation Injuries

- If you have been in an auto accident or suffered an injury at work, we will require payment for services upfront. Auto insurance and/or Workman's Comp insurance are **not forms of payment**. It is between you and your auto insurance and/or you and your employer for **your** reimbursement.

_____ **Initials required**

Medication Refill Policy

- ***All requests for prescriptions must be made 48 hours in advance.*** Please have your pharmacy request your refill. **Medication refills are only addressed during business hours.**
- Narcotic prescriptions must be picked up in person and cannot be mailed or called in.
- By signing below, you are authorizing us to view your external Rx history.

_____ **Initials required**

Lab Results Review

- With the exception of critical lab values, it is our policy that we do not review lab results over the phone.
- Lab Reviews are an office appointment.

_____ **Initials required**

I have read and understand the **Office Policies** and I agree to accept responsibility as described above. I also understand the Policies may be amended from time to time by the practice and that they will make a reasonable attempt to notify me of any changes in policy that I may be responsible for.

Printed Name

Signature

Date