

Financial Policy

We are committed to providing you with the best possible care in the most time-efficient fashion. If you have any questions regarding the information below, please do not hesitate to ask us. We are here to help you.

- It is important that you keep your appointment; if you have an emergency and cannot keep your scheduled appointment, please contact our office no later than 48 hours prior to your scheduled appointment day.
- We may charge a “No Show Fee.” If your appointment is not kept or canceled less than 48 hours before the scheduled time, you may be charged 25% of the treatment fee.
- Payment is due in full at the time of service.

Insurance coverage disclaimer

I understand and acknowledge that either federal or private insurance agencies may NOT cover ketamine Infusion Therapy. By signing below, I accept and acknowledge that I am opting out of using my healthcare insurance for the Ketamine Infusion Therapy and accept paying cash or major credit card for these services.

I understand clearly that Ketamine infusion therapy is NOT FDA approved.

I HAVE READ the Financial Policy. I UNDERSTAND and AGREE to this Financial Policy.

I GUARANTEE payment of all charges incurred for this account. I further agree to pay any attorney’s fee, court cost, and related collection fees incurred for any unpaid debts.

Acknowledged and accepted by:

Patient Name

Signature

Date