

Dear New Patient,

Welcome to our clinic! As your healthcare provider at LifeQual Center, we look forward to applying our expertise for your healthcare needs. We strongly encourage and welcome your commitment to achieving a better health and quality of life through your cooperation with us. At all times, please provide us with your questions and valuable feedback.

Please read and initial the following items:

\_\_\_\_ Payment for all services and medicinary items is due in full at the time of visit. The clinic accepts cash, personal checks and most major credit and debit cards. There will be a charge of \$30 for every returned check.

\_\_\_\_ LifeQual Center currently does not bill insurance for you but we can provide you with comprehensive documentation to fulfill your claim. Benefits are subject to individual policies. You have the primary relationship with LifeQual Center and are responsible for the total amount due to LifeQual Center.

\_\_\_\_ You will be charged a Missed Appointment fee of \$50 for any missed appointment or late cancellation (less than 24 hours notice).

\_\_\_\_ All those that work for LifeQual Center in an administrative capacity such as to type reports, manage files, mail invoices, liaise with insurance companies, and so on, will have access to all of your records. On occasion, in order to provide you with a high level of care, we may decide to consult other appropriate and qualified professionals. In such cases information will be shared only either with your written consent or by suppressing all identifying information that is related to you.

\_\_\_\_ You have read and understood the above-stated policies of LifeQual Center and will comply with them in all respects.

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Your signature (*parent or guardian if minor*)

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Print name (*parent or guardian if minor & patient name*)

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Date