



## Regenerative Medicine Therapy (PRP and Stem Cell Therapy)

### Our Commitment to You

- We will provide you with the most appropriate care in the most time-efficient fashion.
- We will treat you with respect and professionalism.
- We will always do our best to keep your scheduled appointment and to minimize any wait time you may incur. However, due to circumstances beyond our control, there may be times that we must reschedule your appointment with short notice.
- In order to give you as much notice as possible, we request a phone contact so that we can reach you in person during the day, such as a business number or cell phone.
- We will do our best to move your appointment to an earlier time or date if we have a cancellation in our office schedule.
- If you have any questions regarding this information, please do not hesitate to ask us. We are here to help you.

### General Information

- Our office hours are very limited. It is very important that you keep your appointment.
- If you have an emergency and cannot keep your appointment, you must contact our office **no later than 48 hours** prior to your scheduled appointment date.
- We may charge a **NO SHOW FEE** if your appointment is not kept or cancelled 48 hours prior to your scheduled time.
- In order to treat you effectively and efficiently and within HIPAA guidelines, we require a registration form and several other forms be completed by you.
- We are sorry, but due to the high fax volume we are NOT able to accept any of the following documents via fax. Without the completed documents, films, tests, and referral, if appropriate, you will NOT be seen by the doctor and your appointment will be **RESCHEDULED**.
  1. Photo ID
  2. MRI films and reports, CT scan films and reports and/or bone scan reports
  3. EMG reports
  4. Primary doctor's notes, other specialists' notes (orthopedic surgeon, neurologist, psychiatrist, rheumatologist, oncologists, infectious disease physicians, etc.)
  5. List of current medications

### Financial Policy

- We are committed to providing you with the best possible care.
- In order to achieve your maximum allowable benefits, we need your assistance and your understanding of our payment policy.
- Payment is due in full at the time of service, unless you have made payment arrangements in advance with our business office.
- Returned checks will be subject to **an additional \$25 service fee**.

### Missed Appointments

- Please help us serve you better by keeping scheduled appointments.



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- Unless cancelled at least 48 hours in advance, our policy is to charge a **NO SHOW FEE** for missed office appointments.

**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 hereby assign benefits to RELIEVUS for all claims submitted to my insurance on my behalf. I further agree to pay any attorney’s fee, court cost, and related collection fees incurred.**

\_\_\_\_\_ X \_\_\_\_\_  
 Patient Name Signature Date

## Regenerative Medicine Therapy (PRP and Stem Cell Therapy) Disclaimer

I wish to participate in Regenerative Medicine Therapy (PRP and Stem Cell Therapy) at Relievus. I understand and acknowledge that Regenerative Medicine Therapy (PRP and Stem Cell Therapy) is **NOT** covered by either federal or private payors and that my personal healthcare insurance does **NOT** cover Regenerative Medicine Therapy. Thus, I agree not to make a claim for Regenerative Medicine Therapy (PRP and Stem Cell Therapy) with my personal healthcare insurance carrier and further agree and acknowledge that I must pay by cash or major credit card all related healthcare costs related to Regenerative Medicine Therapy (PRP and Stem Cell Therapy) at Relievus.

By signing below, I accept and acknowledge that **I am opting out** of using my healthcare insurance for Regenerative Medicine Therapy (PRP and Stem Cell Therapy) and accept paying cash or major credit card for these services.

**I understand clearly that Regenerative Medicine including PRP (Platelet Rich Plasma) and Stem Cell injection therapy is NOT FDA approved.**

Acknowledged and accepted by:

\_\_\_\_\_  
 Patient Name

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date