

## **Your Insurance Policy**

We are happy to file your insurance, as a service to the community and to help you maximize your benefits. Your walk out balance will be your co-pay once your deductible has been met. Insurance policies vary and are very complex in nature. Therefore, we can only estimate your coverage in good faith. Insurance is designed to be very confusing, even to us!

We are happy to help you in any way we can!

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

## **Cancellation Policy**

All of us here at Dr. Hoyt's Wellness Center are committed to providing you the best healthcare possible and we appreciate that you have entrusted us for your well-being. Providing great patient care requires your participation in the scheduling process. Please be courteous of your Therapist's time. Cancellations and no shows have a negative impact to our other patients and to the livelihood of your personal therapist.

Please give us 24 hours if you need to change your appointment to avoid a \$50 cancellations fee.

For no shows and same day cancellations there will be a the full cash fee of the service.

Thank you for your understanding and we look forward to a serving you for many years to come.

I have read and understand the above policies.

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