

KEY WEST
WELLNESS CENTER



Your Insurance Policy

We are happy to file your insurance as a service to the community and to help you maximize your benefits. Insurance policies vary and are very complex in nature therefore we can only estimate your coverage in good faith. We are happy to help you in any way.

I ASSIGN PAYMENT OF MEDICAL BENEFITS DIRECTLY TO Dr. Ashley Hoyt, AP on my behalf for any services provided to me. I authorize the release of any medical information necessary to process my claim. In understand I am responsible for all copays, deductibles or if insurance fails to pay.

I have read and understand the above policies.

Patient's Signature

Date

Cancellation Policy

All of us here at Key West 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. For appointment no shows and same day cancellations there will be a \$50 cancellation fee. 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's Signature

Date

Privacy Practices Acknowledgement

I HAVE RECEIVED THE Notice of Privacy Practices and have been provided an opportunity to review it.

Print Patient's Name

Date of Birth

x _____
Patient's Signature

Date