

Innovative Health & Wellness Center Financial Policy

Thank you for choosing Innovative Health & Wellness Center as your health care provider. In an effort to control health costs, our office has developed the following financial policy effective January 1st, 2008. Please read and sign the statement below as an indicator you understand and agree to comply with our financial policy.

- All payments must be paid in full at the time of service.
- A check that is returned for “non-sufficient funds” will be charged a \$25 reprocessing fee in addition to any fee charged to us by the bank.
- **All appointments cancelled less than 24 hour prior will be charged a \$25 cancellation fee.**

Signature: _____ Date: _____

Please provide our office with the following information

Last Name:	First Name:	Middle Initial:	Marital Status:
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address: May we send you email? Y / N	
Birth Date:	Age:	Social Security #:	How were you referred to us?