

**PEAK ANESTHESIA & PAIN MANAGEMENT
ADVANCED PAIN & ANESTHESIA SERVICES**

145 Inverness Drive East, Suite 350
Englewood, CO 80112
TEL 720-870-7446 -- FAX 720-870-7460

Cancellation Policy

We understand that there will be circumstances that may require you to cancel or reschedule your appointment. Our physicians are prepared to provide you with your scheduled treatment. When you cancel on short notice or miss an appointment, we are left with an open time that someone else could have used.

Please initial next to each line indicating you have read and understood our cancellation policy.

_____ If you need to cancel your appointment, we request a 24 hour notification

_____ Appointments cancelled or missed with less than 24 hour notice will be assessed the following fee:
\$75 new patient visit \$75 injection procedure or EMG \$45 follow up visit

Financial Policy

The fees charged in our office are comparable to those charged by other pain specialists in this area.

If you do not have insurance: All payments are due and payable at the time services are rendered.

Co-Payment/Co-Insurance Policies: We are obligated by law to collect your carrier designated fees. We will verify your insurance benefits to the best of our ability. Please understand that this does not guarantee benefits. You, the patient, are ultimately financially responsible for the care you receive in this office. We will do our best to communicate with you in a timely manner regarding any issue with your insurance policy and will work on your behalf to resolve these issues.

- We accept cash, checks, Visa and Mastercard as forms of payment.
 - If you need a payment plan, please contact our billing office to set up.
 - Any returned checks will be charged a \$25.00 fee in addition to the amount of the check
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I certify that I have read and understand the information listed above. I understand that it is my responsibility to ask questions regarding these policies if my understanding is unclear.

Patient Signature: _____ Date: _____