



MEMBERSHIP APPOINTMENT AGREEMENT

It is your responsibility to:

- ❖ Show up for each appointment 15 minutes early.
- ❖ Fully partner with us and follow the recommended treatment plan.
- ❖ Complete the New Patient Questionnaire before the First Visit and any other paperwork ahead of time.
- ❖ Promptly provide payment at the time of service.

Cancellations/ Missed Appointments: Please contact our office at least 72 hours in advance to reschedule or cancel your initial consultation and initial follow up consultation. If this isn't complete 72 hours prior to your consultations, your visit will be notes as "NO CALL, NO SHOW" and charged the non-refundable \$100 deposit made at the time of scheduling. Regular follow up visits must be cancelled 48 hour prior to visit, failure to cancel/reschedule this visit will result in BRC changing of your account for \$100.

Insurance: We are considered an "out of network provider" for all insurance plans. However, as a courtesy to you we provide detailed invoice for you to submit to your insurance company for possible reimbursement (this does not apply to noncommercial insurance, i.e. Medicaid/Medicare). Please note that all insurance correspondence is strictly between you and your insurance company, as our office **DOES NOT** assist with claim resolution.

Economic Hardship: Our practice is fee for service only. You agree that you are voluntarily and financially willing and able to invest into this membership by choice, with this you are not in any way incurring any economic hardship.

Authorization and Receipt: If payment by credit card, you give us permission to automatically charge your credit card for your membership without any additional authorization, for which you will receive an electronic receipt. Once billing dates are agreed upon, you are responsible for awareness of those billing dates. Please inform our office in advance if there are any changes made for your billing processing, for this is your responsibility.

Missed Payment: In the event that payment is not received by the due date or problems with the payment transaction or method, you will be notified by e-mail and then given a 5-day grace period to make the payment. Whether paying in full or by installment during which time no appointments will be

scheduled, including during the grace period. If no payment is received within the 5-day grace period, any remaining appointments will be forfeited without refund.

Refund Policy: If for any reason you are not satisfied, or wish to discontinue with your membership you are fully responsible for the remaining cost of the membership and no refund will be provided.

Your signature authorize that you understand and agree that these terms may change from time to time, you will be provided with notice by e-mail of any such future changes.

By signing this Membership form, you acknowledge that you have read, understand, and agree to all the terms, your membership will not begin until this signed document has been received and your deposit has been collected.

Clients Name

Date

Client's or guardians Signature

Date

Staff Signature

Date