

Benjamin F. Asher, M.D., P.C.

ADMINISTRATIVE POLICIES

CANCELLATIONS and LATENESS:

We require at least 24 business hours notice in the event that you find it necessary to reschedule or cancel your visit.

We fully understand that life presents unexpected moments. However, because our office reserves ample time with Dr. Asher for each patient visit, and we do not double-book appointments, **we must charge \$125 for ALL appointments not changed or cancelled 24 business hours in advance.**

Furthermore, we reserve the right to charge full consultation fees for no-shows, and for appointments cancelled on the same day.

NOTE: For Monday appointments, a cancellation on the previous Friday (before the appointment time) is required.

Our office strives to run on-time, and succeeds about ninety-five percent of the time.

It is very important for you to arrive promptly, so that Dr. Asher is able to spend the entire time he has allotted with you. ***If you are late for your appointment, it may result in a reduced treatment or consultation time, and we must charge you for the full appointment.***

We suggest you always aim to arrive a few minutes early, as approaching your appointment relaxed and unhurried will increase the effectiveness of your treatments.

ON CALL & AVAILABILITY:

Dr. Asher does not provide 24-hour emergency coverage.

For all emergencies please call 911.

Dr. Asher makes every attempt will be made to return calls on the same business day. Calls received after hours will be returned the next business day.

INSURANCE:

If you have out-of-network coverage, and you have met your deductible, some or all of our fees should be reimbursed by your insurance carrier. ***As a courtesy, we offer to mail claims on your behalf in order to assist you in obtaining timely reimbursement.*** We will do our best to advise you in dealing with your insurance company. However, because we do not contract directly with any carrier, nor do we accept insurance assignment of any kind, we cannot represent you in obtaining collections. While Dr. Asher is a licensed MD whose fees and services are considered “reasonable, usual, and customary” by most insurance companies, Benjamin Asher, MD, PC cannot guarantee or be responsible for any reimbursements. ***It is your responsibility to understand your benefits and all the obligations set forth by your insurance company. You may always elect to complete and mail your own insurance form at any time. However, if you elect not to sign the HIPAA Release Form, we will not be able to mail your claim, or furnish your health plan representative with information they may need to process your claim.***

This is page 1 of 2, initial here that you have read and agreed to the policies on this page_____.

MEDICARE:

Because Dr. Asher is an “opt-out” of Medicare / Medicaid provider, Medicare and Medicaid will not cover any services provided by Benjamin F. Asher M.D., P.C. **Our patients MAY NOT submit to Medicare. However, if you have secondary or supplemental insurance, you can submit to that carrier.** We provide Medicare “opt-out” letters to accompany your HCFA form; these should adequately substitute for the Medicare EOB (Explanation of Benefits). Again, our office cannot be responsible for the amount of reimbursement received.

FEES and SERVICES:

Payment is due in full at the time services are rendered unless other prior arrangements have been made with the practice or business manager.

We accept cash, checks, American Express, Mastercard, and Visa.

A \$25.00 fee will be charged for all returned checks.

Fees are assessed on time spent and procedures performed. The consultation rate includes (not all will apply to each patient): examination; treatment plan; structural therapies; hypnosis; dietary counseling; prescriptions for pharmaceuticals and nutritional supplements.

The initial visit fee is \$490. Follow-up consultations run \$175 - \$360; a typical return visit runs \$260, and last one-half hour. Dr. Asher may recommend additional diagnostic procedures at the time of your visit (see diagnostic procedure form). Patients always have the option to decline these services, **however it may limit Dr. Asher’s ability to diagnose and treat a condition.**

We do not sell supplements directly, or make a profit on their recommendation (or any other products, services, or lab tests Dr. Asher recommends). We always assist patients in locating the appropriate practitioner or vendor, and will arrange wholesale direct and discount prices for our patients whenever possible. Many of these additional costs, such as labs fees and prescriptions, may be covered by insurance.

I have read, understand and acknowledge all of the above. I will provide written notice in the event that I want to change the information on file.

Full Name: _____

Date: _____

Signed: _____

Witness: _____