

**Attention Allen O&P Patients**

Please be aware, your insurance is NOT billed until your device is provided. Changes to your insurance policy while we are in the process of providing you with your prosthesis or orthosis, will delay in your care. It may also require obtaining new insurance authorization and could potentially alter your financial responsibility.

We want to ensure that you receive the best care possible without any unnecessary disruptions. Therefore, if there are any changes to your insurance coverage or if you are planning to switch insurance providers in the near future, you will notify us promptly.

***I understand that failing to notify Allen Orthotics & Prosthetics of any changes in my insurance coverage could result in my being held financially responsible for the entire cost of the service or devices provided.***

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 **Patient/Responsible Person’s Signature** **Date**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Relationship to Patient**

**24 HOUR CANCELLATION & NO SHOW FEE POLICY**

Each time a patient misses an appointment without providing timely notice, another patient is prevented from receiving care. **Therefore, Allen Orthotics & Prosthetics reserves the right to charge a fee of $40.00 for all missed appointments (“no show”) and appointments that, absent a compelling reason, are not canceled with 24-hour advance notice. “No Show” fees will be billed to the patient, their guardian, or other responsible parties. This fee is not covered by insurance and must be paid prior to your next appointment. Multiple “no shows” may result in termination from our practice**. Thank you for your understanding and cooperation as we strive to best serve the needs of our patients. By signing below, you acknowledge that you have received this notice and understand this policy.

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 **Patient / Responsible Person’s Signature**  **Date**

Internal use – received/reviewed by: \_\_\_\_\_\_\_\_