

Valeo Payment Policy

Returned Check Policy - Valeo accepts checks as a form of payment; however should a check be returned due to insufficient funds, we will require immediate payment of another form plus a \$35.00 returned check fee and any bank charges. If there is no response from you, we must send this to collections.

Signature _____ Date _____

Insurance Payment Agreement - *For Personal Injury, Work Comp or Medicare Only:*

I understand that insurance will be billed for Valeo services and I hereby authorize assignment of my insurance rights and benefits (if applicable) directly to the provider for services rendered.

Signature _____ Date _____

Service Agreement - I clearly understand and agree that all services and products rendered me are charged directly to me, and that I am personally responsible for payment. I also understand that if I suspend or terminate my care, any fees for professional services rendered to me will become immediately due and payable. Valeo will work with you regarding payment plans if necessary. There will be an 18% APR charged on balances over 30 days past due. Anything older than 120 days will be sent to collections. Please contact us if you have any questions regarding this policy.

Signature _____ Date _____

Policies & Procedures

1. The practitioners design specific health plans in order for you to get better in the shortest amount of time. It is to your benefit to maintain your visit schedule and care plan as explained to you in the Report of Findings. The practitioners take your health very seriously and we ask that you do the same.
2. If you need to cancel or reschedule an appointment, please provide the office with at least a 24 hour notice. Our goal is to stay on time; however, occasionally emergencies or unforeseen circumstances arise where the practitioner will spend more time with a client. We will do our best to inform you if the practitioner is running behind schedule.