

# Boca Integrative Health, PA

A Group of Independent Professional Associations

7100 W. Camino Real, Ste. 207

Boca Raton, FL 33433

Tel: 561-391-2770 Fax: 561-391-2930

## Office Policy Acknowledgement and Authorization to Charge Credit Card And Waiver of Confidentiality to Secure Payment

RE: \_\_\_\_\_ (Patient)

I, \_\_\_\_\_ (Print Name), guarantor, understand that our nutritional, psychiatric and psychological services do **not** accept my insurance and I agree to guarantee and fully pay the entire amount due for any and all services rendered by the practitioners associated with Boca Integrative Health, PA to either myself or to Patient. *I further understand that the office policy is that any appointment cancelled with less than 24 hours notice incurs the normal fee. Missed appointments (i.e., no-shows) are similarly charged* and that I will pay such fees.

I hereby authorize Boca Integrative Health, PA to charge my credit card without prior notice to me for any outstanding fees, including those incurred for cancelled/missed appointments. I further agree to maintain a current and valid credit card on file with Dr. Rome's office. This agreement shall remain in effect until cancelled by either myself or Dr. Rome's office, but Dr. Rome's office may charge the card for any fees owed at the time of cancellation to ensure a zero balance.

**In addition to the above, patient hereby acknowledges and authorizes Boca Integrative Health to notify guarantor of any cancelled or missed appointments and to disclose to guarantor any confidential information necessary (in our sole discretion) to secure payment of cancelled/missed appointments or recommend future appointments. In other words, Boca Integrative Health, PA may call the parents and/or guarantors and disclose any information necessary to collect owed fees and/or to ensure that payment for future appointments will be made.**

\_\_\_\_\_ (Patient)

CIRCLE ONE: Visa    Mastercard    AmEx

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_

\_\_\_\_\_ (Parent/Guarantor)