

K. Dean Reeves M.D.

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Phone- (913) 362-1600 Fax- (913) 362-4452

AUTHORIZATIONS and FINANCIAL POLICY

Thank you for choosing the office of K. Dean Reeves, MD. We strive to provide the very best care and in order to do so we would like to take this opportunity to acquaint you with our office policies. Please take a few moments to read over the following information. In addition, we suggest you review your health insurance policy and familiarize yourself with the coverage it provides.

Costs & Payment due at the time of Service

I understand that I am financially responsible for all charges arising from my own or my dependents evaluation, follow up visit or any other billable procedure. Prolotherapy, Perineural Injection and PRP are not covered by any insurance. I am responsible to pay for these procedures at the time of service. I understand that if I am delinquent and default on the terms of this agreement then my account will be closed and I will no longer be able to schedule any other appointments until my bill is paid in full.

Reinstatement

I understand that if my account is closed with K. Dean Reeves, MD, it will be at management's discretion to accept me back into the practice. If accepted back I know I am responsible to have my balance paid in full before having any future treatments with K. Dean Reeves, MD. I also understand that there will be a minimum of a \$25.00 charge for reinstatement fee applied to my account. The reinstatement fee and the full amount of the next visit are due at that time of service.

Appointments

This office only sees an average of 4 patients a day and allows 2 hours or more for initial evaluations. Unexpected cancellations will idle our staff for a major portion of the day and we will be unable to see others who need an appointment.

This makes communication by the patient for changes in scheduling very important for our office.

If a cancellation has occurred with less than 24 hours notice, any rescheduling will be at the discretion of Dr. K. Dean Reeves, MD.

I understand that if I arrive late for an appointment I may be asked to reschedule my appointment.

Minor Patients (Patients under age 18)

Any patient under the age of 18 must be accompanied by a parent/guardian to each visit, unless otherwise specified by K. Dean Reeves, MD. I understand by signing KDRMD's financial policy, I am solely responsible for any incurred charges for the below named patient. Patients under the age of 18 may not cancel or change an appointment in this office.

Returned Check Fee

I understand that if K. Dean Reeves, MD receives a returned check I will be charged an additional \$25 above the amount on the check and will be on a cash only basis thereafter.

Patient Name (Printed) _____

Signature of Patient or Patient Representative

Date

Guardian/Responsible Party

Date

Office Witness

Date