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BOTOX AND INJECTION FINANCIAL POLICY

Botulinum toxin has many therapeutic uses. As your physiatrist, I have recommended use of this product for your pain and limitations. As a non-contracted provider, I suggest a process to facilitate your reimbursement for the botulinum toxin injectable medication by your insurance company. I do not have any relationship with your insurance company and cannot guarantee they will pay for your treatment or medication.

After a recommendation is made for Botulinum toxin Injection as treatment the "prior authorization" process can begin. There is a clerical fee and a $450 letter of medical necessity fee to initiate this process.

Upon receiving prior authorization (which some insurance companies will not provide), Dr. Henry will order the botulinum toxin medication and schedule your injection at her Kentfield office. Dr. Henry only performs the Botox injections at her Kentfield office due to equipment, HIPPA regulations and access to her EMG or ultrasound machine for proper placement of the medication.

Payment for the injectable medication is due prior to the scheduled date of use. A bill will be provided to you for reimbursement from your insurance company, as well as the botox advantage line from Allergan (who makes Botox A) or Solstice (who makes Botox B or myoblock), or the appropriate company, who will assist you in collecting payment for the medication from your insurance company.

Payment for office examinations and treatment is due at the time service is rendered. The service and injection bill will be provided for you to submit to your insurance company.

MISSED APPOINTMENT FEE: In the event that you need to cancel or reschedule your botox appointment, we require 48 hours notice. Patients that cancel or reschedule with less than 48 Hour's notice will be charged a fee. **This fee is not billable to your health insurance or worker's compensation insurance and must be paid before a new appointment is scheduled**. Our fees are as follows: Missed procedure appointment fee: $650.

RETURNED CHECK FEE: There is a fee of $75 for any checks returned by the bank. Payment can be made by cash, or check.

I, _____ understand that the information given on my patient registration form is true and correct. I understand that I am liable for all charges for services rendered.

Patient's Name: _____
Responsible party or Guardian (If not the patient): _____

Signature: _____
Date: _____