

Acknowledgement of Payment and Cancellation Policy

PAYMENT

By my signature below, I understand, acknowledge, and agree that I am fully responsible for payment of services provided to me by Revival Infusion Madison, and that payment must be made in full at or before the time of service. The cost of a ketamine infusion is \$495.

I understand that treatment and services provided by Revival Infusion Madison may not be covered by my insurance. Revival Infusion Madison and its providers are non-participating providers and do not contract with any insurance plan. Revival Infusion Madison will provide information to assist me in my claim for reimbursement to my insurance carrier, but will not submit claims to insurers on my behalf and is not required to speak to insurance companies on my behalf. We are also unable to fill out paperwork for insurance companies. Revival Infusion Madison will submit a Superbill to your insurance company on your behalf via Osmind once treatment is paid in full, but we are unable to advise if any portion will be reimbursed. I understand I have the right to explore with medicare, medicaid or other insurance companies whether outpatient ketamine intravenous infusion is a covered benefit under my plan, and to find another practice that may contract with medicare, medicaid or other insurance companies.

I am entering into a private agreement with Revival Infusion Madison to pay for my infusions. Because I may be getting repeat infusions in this practice, this agreement covers all future infusions as well. By signing below I further acknowledge that I am financially responsible for the full cost of services.

I further acknowledge and agree that if I choose to submit any bill or itemized receipt to an insurance carrier for reimbursement for these services, that Revival Infusion Madison is exempt from any dispute regarding reimbursement.

CANCELLATION

In order to fairly and effectively serve patients who wish to receive treatment, the following cancellation policy has been implemented. By your signature below, you acknowledge and agree to the following cancellation policy:

Ketamine infusions must be cancelled at least 72 business hours in advance in order to receive a full refund. Infusions cancelled less than 72 business hours in advance will incur a \$150 fee, charged to your credit card on file. Our business hours are Monday through Friday, 9:00 am to 5:00 pm.

Nutrition infusions must be cancelled at least 24 business hours in advance. Appointments not cancelled at least 24 business hours in advance will incur a \$50 fee, charged to your credit card on file.

Full Name: _____

Signature: _____

Today's Date: _____