

Billing

Payment is expected at the time of service. We accept cash, debit cards, and credit cards. Checks are not accepted. You can also use Health Savings Account debit cards, as our services should qualify for HSA's. We recommend you check with your plan administrator to verify this.

Please be aware that we do not bill insurance directly and Dr. Milkis is not a signatory to insurance plans as a "preferred provider". His services would be considered "out of network". We will provide you with a Superbill after your appointment, which you can submit to your insurance for reimbursement. Insurance coverage may vary and will depend on your plan and the specific coverage your plan provides. It is up to the patient to check directly with their insurance company to verify if their plan will reimburse our services and to what extent that reimbursement will be.

Visit Fees

The fee for an initial visit is \$400 and will typically run 75-90 minutes. Return office visit fees are set at \$150 for 30 minutes, \$225 for 45 minutes, and \$300 for 60 minutes. Physical medicine procedure fees vary based on service provided.

We are willing to discuss modified fees on a case-by-case basis based on income and ability to pay. Proof of income will need to be provided.

Cancellations

While we endeavor to be as flexible as possible for our patients, please know that the doctor's time is valuable and he has set aside a large block of time specifically for each individual patient. As such, there is a 48 business-hour cancellation policy (we are not open Sat or Sun). If an appointment is cancelled within that 48-hour window or if the patient does not show up for their scheduled appointment, the patient will be sent a letter reminding them of the clinic policy regarding missed/late appointments. Additionally, there will be a charge of 50% of the scheduled visit fee for the late cancellation and a charge of 100% of the visit fee for a no-show. This charge must be paid in full prior to the patient booking another appointment.

Acknowledgement

Patient Name/Signature

Date