

Financial Policy

Healthcare Providers of Sacred Root Medicine are considered out-of-network with insurance companies, thus all fees are due at time of service for services rendered.

If you are in need of a payment plan for your care, please speak directly with the clinic.

The clinic can provide you with a superbill following your visit with the appropriate information to submit to your insurance, should you proceed with pursuing potential out-of-network reimbursement.

We ask that you provide credit card information that will be kept on file to solidify payment of your care. The cost for your care will be communicated to you clearly prior to processing your payment transactions.

Please note Health Savings Accounts or Medical Flex Spending Accounts are acceptable forms of payment.

Credit Card Information	
Name on Card:	
Card Number:	
Expiration Date:	
CVV:	
Billing Zip Code:	

Please initial the following:

_____ I permit Sacred Root Medicine to charge the above card upon receiving care or services at the clinic or through the care providers via Telehealth at costs communicated to me.

_____ I agree that I will pay a \$50 cancellation fee if I do not provide 24 hours notice of my appointment cancellation, and that this transaction will happen automatically upon my absence for my scheduled visit.

_____ I agree to a \$50 prescription renewal fee, with prescription requests outside of scheduled patient visits.

Please sign below to indicate your understanding of our financial policies.

Signature

Date