



Ardent
Center for
Excellence

(The Center for Life Enrichment)

Ardent Administrative Policies

Thank you for choosing Ardent for your healthcare needs. We are committed to high quality, personalized and comprehensive care. We ask that you carefully read the following administrative policies so that the expectations of our organization are understood and we may care for you in the most efficient manner. Please initial underneath each policy acknowledging you have read, understood and agreed to these policies.

Patient / Guarantors Initials: _____

Consent for treatment:

I hereby authorize and acknowledge to work with physicians and other clinicians at Ardent to administer such medications and treatments as may be deemed necessary for the interest and care of me / and/or the child for whom I acknowledge that I am the official legal guardian.

Patient / Guarantors Initials: _____

Guarantee of payment:

I understand that I will solely be responsible to pay the charges of the scheduled visit time.

I understand insurance will not cover the cost of the visit.

I understand that I am responsible for the charge of the time of the visit which I scheduled even if I shorten my visit time.

I understand and agree to pay for the visit in full at a time of the appointment.

Patient / Guarantors Initials: _____

Delinquent Accounts:

I give permission to charge my credit card for any delinquent payments which are due.

All outstanding balances are due in full at the time the services are provided.

I understand if I have a delinquent account over 60 days that my account will be sent to a collection agency with a 30% Collection fee added to the outstanding balance. In the event that services are not paid in full and we must pursue legal action, all attorney fees, court costs and filing fees will be the responsibility of the patient/guarantor.

I understand that late payment or nonpayment of account balances may be grounds for termination of services rendered by Ardent.

Patient / Guarantors Initials: _____



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Cancellations:

All appointments must be canceled 24 hours in advance of the appointment time. If an appointment is canceled less than 24 hours in advance, I understand that I will be responsible for the charge of the scheduled visit.

Please be advised that your clinician does not have the ability to waive this fee. If there is a circumstance that is out of the patient's control that caused him/her to miss his/her appointment, then appropriate documentation must be submitted for administrative review. The administrative director will have the sole discretion of whether this fee may be waived.

Patient / Guarantors Initials: _____

Phone consultations:

Phone consultations will be charged at the normal hourly rates. Phone calls without a scheduled appointment will be charged in five minute increments. All phone consultations will be the patient's responsibility. Charges for phone consultation will be due before, but no later than, at the time of the next scheduled visit.

Patient / Guarantors Initials: _____

Medical records charges:

We take time and consideration to ensure your records are kept confidential. There is a standard \$30 fee per medical records that are released outside of physician offices. Please note that all medical record fees must be paid in full before any medical records will be released.

Patient / Guarantors Initials: _____

Completion of forms and letters:

There is no additional charge for forms and letters which are completed during the office visit. However, any forms or letters completed outside the normal visit hours may be charged starting at a thirty dollar service fee. More complex paperwork, such as FMLA, require an appointment to discuss such circumstances.

Patient / Guarantors Initials: _____

