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COPE™ at AC4W Financial Policy

1). A credit card will be securely stored, and all payments will be charged at time of service. Please share your credit card information below:

Credit Card Number _____

Expiration Date ____/____/____ CVV Code: _____

Billing Address/Zip Code: _____

Note: There will be a 2.6% processing fee added to the credit card balance. COPE™ at AC4W does not accept insurance nor do we file insurance claims. A super bill receipt can be requested and provided by us so that you can file with insurance for reimbursement.

2). There is a strict cancellation policy for missed appointments and groups. We will be capping the participants of the groups to promote quality of care. Once a group is full, others will not be able to sign up for and take the group. Therefore, reserving a spot is a commitment. Please know that we will be charging the **FULL FEE** for any appointments or groups not canceled **24 hours** in advance, regardless of the reason. There will be no exceptions.

3). The fee structure is as follows:

\$75 for each one hour of group. Longer groups may incur additional charges.

Any individual, family, and/or nutrition therapy will be fee for service. Each practitioner has a different fee schedule based on specialty, expertise, and years of experience.

Please contact Kim Frey (billing representative) at (678) 984-6722 or AC4Wbilling@gmail.com with any billing questions or concerns. Signing this agreement also acknowledges permission for Kim Frey to handle financial information regarding your care and for AC4W COPE™ clinicians to communicate with her and/or for her to communicate with third party payors about your account/services on your behalf. Signing signifies agreement to the financial policy above:

Client/Responsible party (please date and print and sign your name): Date: _____

Printed name of responsible party _____

Signature of responsible party _____