



# KEMPINSKI.CLINIC

A healthier tomorrow, today

## *Office Policies*

### **GENERAL CANCELLATION POLICY:**

I understand that with my signature below, I agree to The Kempinski Clinic's cancellation policy of a \$35 fee to be automatically drafted from the card on file for "no shows" and/or "late cancellations" with less than 24 hours notice prior to the scheduled appointment for all appointments that are not prepaid.

For prepaid appointments, a "no show" or "late cancellation" with less than 24 hours notice will result in a loss of that credit/funds.

Credits refer to prepaid appointment types. For example, if I purchase a 10 pack of hyperbaric oxygen therapy, I would have 10 credits on file. Credits = prepaid appointments.

If I sustain 3 "no shows" and/or "late cancellations" with less than 24 hours notice, I will be required to prepay the full appointment fee in order to reserve any future appointments.

This general cancellation policy applies to the following single session appointment types: Chiropractic and/or neurologic examinations, chiropractic and/or brain rehab office visits, QEEG brain mapping, neurofeedback sessions, health spa modalities (hyperbaric oxygen therapy, photobiomodulation, normatec compression therapy, and infrared sauna), functional medicine consults, lab reviews, and general consults.

See below for our policies on prepaid programs at The Kempinski Clinic, such as Brain Camp and the Kempinski Protocol, as those cancellation policies differ from what is listed above.

## **BRAIN CAMP POLICY:**

For prepaid programs, such as Brain Camp, pay in full status is required prior to reserving Brain Camp appointments. Due to the current demand of this program and the time commitment allotted by the doctor, The Kempinski Clinic requires a 1 month notice to reschedule a prepaid and scheduled Brain Camp program. The Kempinski Clinic only reserves and schedules Brain Camp appointments once payment has been received. The payment for Brain Camp is non-refundable; however, with sufficient notice (1 month prior to the initial scheduled appointment) The Kempinski Clinic will attempt to reschedule an individuals Brain Camp Program. Cancellations less than 1 month from the first scheduled appointment fails to provide The Kempinski Clinic sufficient time to offer Brain Camp to other interested parties. This policy is meant to protect other interested parties, the doctors time, and prevents lost opportunities for the business.

I understand that Brain Camp is a program offered to interested parties worldwide, and often times, patients are travelling to visit our facility. For both local and non-local patients, individuals typically need sufficient time to coordinate scheduling with their work and family duties to allow them the ability to commit consecutive full days at our facility. I understand that due to these reasons there will not be exceptions made to this cancellation policy.

If I decide to skip or opt out of any appointments within the Brain Camp program, those appointments are not refundable. For example, if I decide that I do not want to participate with a certain modality (hyperbaric oxygen, normatec compression, infrared sauna, and/or photobiomodulation), I understand that these services were packaged into the program fee and will not be individually reimbursed.

## **FUNCTIONAL MEDICINE POLICY:**

I understand that The Kempinski Protocol is a 3 or 6 month program that is billed as a single fee. The work for each protocol is created specifically for the individual patient and based off laboratory objective findings. I understand that the fee for the protocol is for the work, knowledge and expertise of creating the protocol and fees will not be reimbursed once purchased, even if I decide I do not want to follow the protocol recommendations or utilize my available consultations.

## Protocol Consultations

Complimentary consultations included in your 3- or 6-month program must be rendered within the length of your program. Should I miss or choose not to schedule any of my complimentary consultations throughout the 3- or 6-month program, I will not be refunded for these consultations, and they will expire at the end of my program.

## Lab Work

When ordering lab testing, it is important to understand that requisition forms have an expiration date of 1 year. If I pay for labs I have one year to submit my sample or have my blood drawn. Failure to do so will result in losing the ability to complete that test and the funds associated with purchasing the labs.

I understand that once a lab requisition has been created, and is in my possession, The Kempinski Clinic will be unable to refund the fee for the lab test and review. I understand that this policy exists to protect the interest of the clinic who would financially be responsible to pay the lab directly if I choose to use the requisition in my possession after being refunded.

## Supplements

I understand that all supplement sales are final and that once a supplement leaves The Kempinski Clinic, variables such as tampering or switching for a counterfeit product are not able to be controlled. This policy is meant to protect myself and other Kempinski Clinic patient's from ever ingesting counterfeit or tampered with supplements.

I understand that I am responsible for all shipping fees incurred if The Kempinski Clinic must ship supplements directly to me. Shipping fees will vary depending on my location in the U.S. or internationally (international shipping is limited) and are charged based on the rate provided by the supplier or carrier. If for some reason there is damage to a supplement or a shipment is lost or damaged, please let The Kempinski Clinic know immediately to see if a claim may be filed and replacement supplements will be provided if approved. I understand evidence and documentation will be required to see this process through.

*I (patient/client) agree to do the following:*

- 1) I will be on time and attend my appointments throughout the Kempinski Protocol or cancel at least 24 hours in advance and ensure that I initiate the rescheduling process.
- 2) I will keep up to date with any bills from the office and notify the doctor or staff if I am unable to continue payment for treatment.
- 3) I will commit and follow all recommendations as directed by Dr. Cynthia in the Kempinski Protocol.
- 4) I understand that I may lose my right to treatment in this office if I break any part of this agreement and will not be refunded for the services and products that I have purchased whether or not these services have been rendered or used.

If I, (patient or patient guardian) do not follow these rules, my doctor may ask that I (the patient/client) be assigned to another doctor for medical care. I understand that should this occur, I will not be refunded for the services and products purchased at The Kempinski Clinic whether or not these services have been rendered or used.

## **COMMUNICATION WITH DOCTORS & STAFF POLICY:**

Communication between appointments with the doctors and Kempinski Clinic staff, will be made through your HIPAA compliant Healthie portal via the chat function. To be respectful of our time, we please ask that you allow up to 48 business hours for a staff member to answer your messages. If the matter is urgent, we ask that you please call the clinic during our business hours which can be found on our website. If you are experiencing a medical emergency, please report to the Emergency Room or call 911.

If after my discovery call or at any point throughout my treatment I feel I need extended time to speak with the doctors about further information and/or questions, I agree to schedule a 30-minute consultation with the doctors to be respectful of their time. Fees for this consult may vary but at this time a 30-minute consultation for this matter is \$199.

# OUTSTANDING BALANCE & AUTOMATIC

## PAYMENT PLANS POLICY:

I agree that if I acquire an outstanding balance, this balance must be paid in full prior to booking future appointments or purchasing products.

If I am approved for an automated payment plan, I agree to notify The Kempinski Clinic staff of any card changes to avoid declined payments.

## INSURANCE POLICY:

For Chiropractic and Brain Camp services only: I understand that The Kempinski Clinic does not accept insurance; however, a SuperBill will be provided if requested. A SuperBill is an itemized receipt that contains information, such as diagnosis codes and procedural codes. A SuperBill is only provided if requested and is created after services have been rendered. Simply submit this document to your insurance company for direct reimbursement. Before requesting a SuperBill, I agree to first call my insurance company to confirm that I have out of network coverage.

I understand that Insurance will not be accepted at The Kempinski Clinic. I understand that this ultimately works to my benefit as insurance companies tend to dictate what labs, services, and time is allowed for each patient based on their condition, whereas, The Kempinski Clinic approach is to do what is clinically relevant to help me as an individual and not simply as a condition, symptom, or syndrome.

I understand that SuperBills cannot be requested for the following services: Functional medicine services (lab testing, lab reviews, metabolic consults, and/or supplements), QEEG brain mapping and neurofeedback sessions, and Health spa modalities (hyperbaric oxygen therapy, photobiomodulation, NormaTec compression therapy, and/or infrared sauna/heat.

I understand this form must be signed prior to my initial appointment with The Kempinski Clinic. For in person appointments, due to HIPAA guidelines, The Kempinski Clinic is unable to accommodate in office completion of initial intake forms. I understand that if my forms are incomplete and/or unsigned prior to my appointment I agree to forfeit my appointment and any funds paid for that appointment. I understand that if funds were not collected prior to my appointment, The Kempinski Clinic has the right to charge a \$35 late cancellation fee for that appointment. If no card is on file, I understand that this fee must be paid prior to scheduling any future appointments with The Kempinski Clinic.

I have read and understand the rules listed above. I have asked any questions I may have. I agree to follow these rules and understand the consequences if I do not follow them.

Dr. Thomas Kempinski, DC, DACNB

Dr. Cynthia Kempinski, DC

