

Date: _____

Print Name: _____

Janis L. Enzenbacher, MD & Isadora Guggenheim, FNP

PRACTICE POLICY & PAYMENT AGREEMENT:

Payment for all services including; ALL CONSULTS, IV THERAPIES, OZONE THERAPIES, PROLOZONE TREATMENTS, HOMEOPATHIC REMEDIES, SUPPLEMENTS, HCG & INJECTABLE ADD-ONS, must be paid in full at the time of the visit for services rendered.

Payment can be made with credit card, cash or check. We charge a processing fee for all returned checks. Outstanding balances beyond 30 days will be charged a monthly interest fee of 1.5%.

The above services are not typically covered by medical health insurance companies including Medicare. Upon request, we can provide a receipt for services rendered. All services above are non-refundable.

I, _____, understand that I am responsible for the balance of my account, for any and all professional services rendered on my behalf. I accept full responsibility for the payment of these services.

Print Name: _____

Signed: _____ Date: _____

Patient (Parent/guardian's signature if patient is a minor)

Cancellation Policy

Cancellations for all appointments must be made within 24 hours of the scheduled appointment. This can be done by leaving a message at (845)358-8385 or (845)893-2608 or email at isadoraguggenheim@msn.com. If the appointment is not cancelled within this time period then you will be charged 75% of the cost of service.

Exceptions will be made with the discretion of practitioner.

Print Name _____

Signature _____

Date _____