



2399 Route 34 Suite A-5 Wall Township, NJ 08736  
Phone: (732) 528-5533 Fax: (732) 528-0360

**CANCELLATION and NO SHOW POLICY AND ACKNOWLEDGEMENT**

Print Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

AMW's approach to health and wellness is to actively partner with our patients in their care. We believe that our patients must participate, as do we, in the consistency of their care and a commitment to the treatment plan prescribed by your provider. We think this is essential to your optimal wellness process.

Consequently, AMW will enforce a cancellation and no show policy whereby, in the event you do not show up or cancel your appointment **less than one business day prior to the appointment** you will be charged a fee of **\$100.00** payable on your next visit. Any cancellations made more than 24 hours ahead of a scheduled appointment will not be subject to the fee.

By signing below, you acknowledge that you have read and understand the AMW's Cancellation and No Show policy as described above.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_



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## **DISCLOSURE OF PATIENT INFORMATION**

Print Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Making your way through the tightly regulated health system is difficult, especially in these dynamic times. Our belief is that a strong patient-provider relationship overcomes even the most challenging hurdles. To best serve your needs we appreciate your help with: 1) verifying your personal information; 2) knowing your insurance coverage benefits; 3) ensuring that your payments are prompt; and 4) understanding the release of information.

**Verify Your Personal Information** We will ask you to verify or provide: 1) your personal information; 2) complete and updated insurance information; and 3) updated photo identification. Please note it is critical to inform AMW about any insurance changes or changes to your personal information, as they may occur throughout the year.

**Know Your Insurance Benefits**-The rising cost of health care may cause employers to change your benefits packages. As a result, your insurance card may continue to look the same but the benefits may be very different. As a courtesy to you, AMW verifies your benefits and the extent of your coverage, but it is critical that you know your own benefits.

**Past Due Accounts; Returned Checks**-In the event of any past due accounts, please be advised that AMW will avail itself of all remedies available at law and in equity, including, but not limited to dismissal from the practice and/or transferring unpaid balances to a collection agency for payment. By signing below you to pay all attorney fees, court costs, and all collections costs, up to 50% (Collection costs: 25% if payment is received within 25 days of account being reported to Agency; 35% any account less than 120 days old; 50% if the account is more than 120 days old, correspondence sent to the patient was returned and/or the account is forwarded to the attorney for legal action) to the amount owed. In the event any check is returned to us as unpaid, we will charge a \$25.00 fee.

**Issue Payments**- By signing below you authorize, instruct and direct your insurance carrier to issue a mail payment check(s) to Atlantic Medicine & Wellness, LLC 2399 Route 34, Suite A-5, Wall Township, NJ 08736. In the event your current policy prohibits direct payment to Atlantic Medicine & Wellness, LLC, you understand and acknowledge that you are responsible to make payment(s) directly to Atlantic Medicine & Wellness, LLC for any and all professional or medical expense benefits. By signing below you acknowledge that you are responsible for any amount not covered by insurance.

**Release of Information**- By signing below you authorize the release of any information pertinent to your case to any insurance company, adjuster, or attorney involved in this case. You authorize the doctor to initiate a complaint to your health insurance and/or the Insurance Commissioner or any other government agency for any reason you're my behalf. This assignment is irrevocable. In the event you would like to revoke this assignment, you will request such revocation in writing to Atlantic Medicine & Wellness, LLC. In the event you should not receive a written confirmation from Atlantic Medicine & Wellness, LLC within ten (10) days of your request, it will be deemed that such request has been authorized.

I acknowledge that I have read and understood the foregoing notice. AMW hopes you will continue to achieve your optimal wellness. For further questions or assistance, please do not hesitate to contact our Accounts Management Department at: 732-528-5533.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_



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## DISCLOSURE REGARDING MEDICAL SERVICES

Print Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The medical doctors of Atlantic Medicine and Wellness, LLC, ("AMW") are dedicated to providing the highest quality medical services to our patients in a unique multidisciplinary office setting. Given this unique setting, AMW differs from the traditional primary care medical practice in the following ways:

1. The medical services provided by AMW are exclusively office based. What this means is that the medical doctors of AMW only provide medical services to patients at the office of AMW during scheduled hours. **We do not provide services at a hospital nor do we provide emergency care.**
2. As AMW does not provide emergency care, calls made to the medical doctors of AMW after office hours will be forwarded to a voice messaging system as opposed to a physician answering service. If you experience a medical emergency, please call 911 and/or seek immediate treatment at the hospital or urgent care center nearest to you.
3. The medical doctors of AMW are dedicated to working in collaboration with the other primary care and specialist physicians involved in your care. As such, the medical doctors of AMW strongly recommend that you maintain a doctor-patient relationship with one or more physicians appropriate to your condition and/or situation even while seeking care at AMW.
4. Based on your condition, the medical doctors of AMW may refer you to one or more of the closely allied licensed health care professionals employed or engaged by AMW. These professionals' include chiropractic physicians, physical therapists, nutritionist, acupuncturist, mental health counselor, massage therapist, etc.
5. Based on your medical condition, the doctors of AMW may order or perform certain diagnostic tests or studies. In order to maximize the effectiveness of your care, it is imperative that you schedule and honor necessary follow up appointment with the medical doctor who ordered or performed the diagnostic test or study to both go over the results of the test and to adjust your plan of care accordingly.

I hereby authorize ATLANTIC MEDICINE & WELLNESS, LLC to perform the treatments and/or procedures advised by my provider. I acknowledge that no guarantees, either implied or expressed, have been made to me regarding the outcome of such treatments and/or procedures, as I fully understand it is impossible to make guarantees regarding such outcomes.

By signing this Disclosure Regarding Medical Services, I acknowledge that I have read and understood the foregoing notice.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_