

dr. Ardis Fisch
Essential Health

192 Main St, Lee, Ma 01238
patients@ardisfisch.com
Phone 413-822-2096
Fax 413-243-8227

I understand and acknowledge that the medical services provided by Dr Ardis Fisch at Essential Health are not covered by insurance and that I am solely responsible for charges incurred. If I choose to submit my invoice, and my insurance requests further documentation, I understand that there is a 10 dollar charge for Dr. Fisch to process this request.

I understand that if I cancel or change any appointment with **less than 72 business hours** notice, (notice on Monday for Thursday appt, Wednesday for Monday appointments and Thursday for Tuesday appointments) I will be charged for the full amount of the appointment. Payment is expected the day of service, and if it is not received within 30 days, a late fee may be assessed. If I agree to order lab tests, and then cancel them after they have been ordered, there will be a 20% cancelation fee.

I understand that Essential Health is not a primary care facility, and it is recommended that I maintain a relationship with my primary care physician. I understand that Dr. Fisch is available on Monday, Tuesdays and Thursdays only.

I understand that Dr. Fisch does not bill insurance, but will provide me with an invoice that I may submit to insurance if I choose. If further documentation or letters are needed for insurance, I understand there may be a fee for this service. In addition, if I need office notes, lab orders or insurance invoices to be recreated there will be an additional fee.

Patient Name

_____ _____
Patient Signature Date

I agree to have medical information regarding my treatment plan sent to me via email

_____ _____
Patient signature Date