



Heelex, LLC
6450 Kingston Pike, Suite 2 Knoxville, TN 37919
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No Show & Cancellation Policy

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows take available time slots away from other patients. To help reduce missed appointments, Heelex offers reminders via text, phone call, and/or email to help remind you of your upcoming appointment(s). We understand that situations may arise that keep you from being able to make your appointment. If you are unable to make your appointment, we ask that you call our office within 24 hours of your appointment. If you do not reach a member of staff, please leave a voicemail to ensure you are not charged the no show fee. If you do not call and no show your appointment(s), you will be subject to a \$25.00 fee.

Benefit Estimation

Professional services rendered to you (or a minor for whom you are responsible) by Heelex/JSPHyMgmt LLC are your sole financial responsibility. You further understand that Heelex/JSPHyMgmt LLC will bill your insurance as a courtesy, but you are ultimately responsible for payment. You are financially responsible for any and all allowable balances not paid by your insurance (i.e. deductible, copay, coinsurance, and denied charges). You are expected to pay your estimated personal portion the day of your visit. The estimate reflected on your benefit page can vary depending on your treatment and insurance. Please, speak with your insurance carrier if you have any questions regarding the amount for treatment. Any unpaid balance will be reflected in your monthly billing statement. You can remit payment by mail, portal, or by calling the office to make payment over the phone. Any unpaid charges on an account for 90 days are subject to collection action. If a payment plan is needed, this is your responsibility to set up with our office before the 90 days or within 10 days of receiving the mailed past due letter.

I have read the above information and understand the no show/cancellation policy and benefit estimation.

Patient Signature: _____

Date: _____