COMPASSIONATE CARE CLINICS OF PINELLAS

6499 38th Ave. N. Suite C1
St. Petersburg, FL 33710

Office: 727-440-7786
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Authorization, Fees, and Office Policy

Authorization for Treatment

I hereby authorize the staff of Compassionate Care Clinics of Pinellas to render medical services as deemed necessary. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I understand that all charges are to be paid at the time services are rendered and that insurance or Medicare are **not** accepted for these services.

Financial Agreement

I understand that I am financially responsible for services rendered by physicians employed by Compassionate Care Clinics of Pinellas and their staff. I have been advised of the fees relating to my consultation as well as acceptable forms of payment prior to seeing the physician. I understand that insurance or Medicare are **not** accepted for cannabis evaluations.

Office Policy

- Please discuss all financial matters with office staff or the Office Manager, not the Medical Practitioners. Their time is limited to medical concerns only.
- If you must cancel an appointment, **we require 48-hour notice** unless there is a mutually agreed upon emergency. If you do not keep 2 appointments (no call/no show) in a row, you will be discharged from this practice. We reserve the right to charge a $25 fee for any appointments that were cancelled without notice.
- All patients must print name on sign in sheet upon arrival to assure that they will be acknowledged as being present for their scheduled appointment.
- Should the physician be unable to recommend cannabis treatment, you will be refunded your fees prior to leaving our office.

I agree to all the terms above. I understand that by signing I am acknowledging that I will be held responsible for the agreements above.

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Patient/Guardian Signature **Date**