Michael C. March, Ph.D., PLLC

700 16th Street NE, Ste 201
Cedar Rapids, IA 52402
Phone: 319/364-0170, Fax: 319/363-3448

OFFICE POLICIES FOR CLIENTS

Authorization for Treatment
Clients are required to contact their insurance company prior to the start of treatment to verify authorization for evaluation or treatment. Referral from your physician does not guarantee authorization for treatment.

Payment for Services
Co-payments and co-insurance are a contractual agreement between you and your insurance company, and are due in entirety at the start of each appointment. Balances on your account are to be paid in full prior to your appointment, unless other arrangements have been made with Dr. March.

Insurance Cards
You must present your insurance cards at the time of service, so that a copy may be made for use in ensuring that your claim is processed correctly. If you have insurance coverage and have not provided a copy of your card for your current policy, you may be responsible for payment in full at the time of service.

Cancellations and No-show's
Please call the office at least 24 hours prior to your appointment if you are unable to keep your appointment, or you will be charged a no-show fee. Failure to adhere to this policy three or more times in a rolling calendar year may be grounds for termination of services.

Phone Calls
You may contact me at the office for non-emergent questions between 8:00am and 5:00pm Monday through Friday. If I am unavailable to take your call during or outside of those hours, please feel free to leave a message and I will return your call at my earliest availability to do so.

Emergencies
In case of emergency, you may contact your local physician's office, a local hospital emergency department (St. Luke's Unity Point 319/369-7105; Mercy Medical Center 319/398-6041), Foundation 2 Crisis Line (319/362-2174 or 1-800/332-4224).

Termination of Services
Your treatment may be terminated at Dr. March's discretion due to, but not limited to: noncompliance with keeping appointments or following treatment recommendations, or failing to meet your financial obligation by paying the balance of your account. If your treatment will be terminated other than by mutual determination, you will be given advance written notice by mail, and may receive only emergency care for thirty (30) days, after which it would be your responsibility to find a new provider.

I have read, do understand, and agree to the terms of these office policies.

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Client Signature (Client's Parent/Guardian if under 18) Date