

The Kutcher Clinic requires payment, including outstanding balances, at the time of service – unless other arrangements have been made.

INSURANCE

Insurance reimbursement of Kutcher Clinic fees is not guaranteed and is between the patient and their insurer.

Patient Responsibility: Insurance is a contract between the patient and their insurance company. It is the patient's responsibility to understand the financial terms and details of their plan, including, but not limited to: covered and non-covered services (ex: nerve block injections,) reimbursement, deductibles, out-of-network benefits, and potential out-of-pocket costs. In the event the patient's insurance denies a service, charges will be patient responsibility.

Clinic Responsibility: Kutcher Clinic will supply necessary billing information, including a "superbill", upon request, but we will not communicate with the patient's insurance company on the patient's behalf. All discussions regarding benefits and reimbursement must be handled directly between the patient and their insurer.

Michigan Clinic Patients: Kutcher Clinic in Michigan is out-of-network with most insurance carriers and follows a fee-for-service model. All pricing is subject to change and posted on www.kutcherclinic.com. It is recommended that you verify your out-of-network coverage with your insurance plan.

Utah Clinic Patient: Kutcher Clinics in Utah are contracted with most, but not all, insurance carriers. EFFECTIVE JANUARY 1, 2026 UTAH CLINICS WILL TRANSITION TO OUT-OF-NETWORK AND FOLLOW A FEE-FOR-SERVICE MODEL. All pricing is subject to change and posted on www.kutcherclinic.com.

SUPERBILL

A "superbill" is an itemized receipt used by a patient to submit to their insurer for possible reimbursement. While Kutcher Clinic will provide an electronic copy of a "superbill", to the applicable fee-for-service patients, reimbursement by your insurance is not guaranteed, and is between you and your insurer.

NO SHOW AND LATE CANCELATION

"No Show" is defined by not arriving online (for telehealth) or in-person for the scheduled appointment and not communicating with the Kutcher Clinic staff, via phone, voicemail or portal message prior to the appointment. NO SHOW FEE IS \$100.

"Late cancellation" is defined by canceling or re-scheduling your appointment with less than 24 hours notice provided to the Kutcher Clinic staff via phone, voicemail or portal message. LATE CANCELATION FEE IS \$50.

CARD ON FILE

Most Kutcher Clinic patients will be required to have a "card on file" agreement. This card will be charged for applicable fee-for-service charges and other clinic fees, as outlined above.

By signing below, I acknowledge that I have read and understand the financial policy stated above.

Patient or Guarantor Name: _____

Relationship to Patient: _____

Signature: _____ Date: _____