

# Mabry Medical – Financial Policy & Payment Authorization

Thank you for choosing Mabry Medical as your healthcare provider. Mabry Medical is a **direct-pay medical practice** and is not contracted with insurance companies. Understanding and agreeing to this Financial Policy is a required condition of receiving care. This policy applies to **all patients and all services** provided by Mabry Medical.

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## 1. Direct Pay & Financial Responsibility

Mabry Medical operates as a **self-pay (direct pay) clinic**. Patients are financially responsible for **all services rendered**, including but not limited to medical evaluations, consultations, diagnostic assessments, procedures, treatments, care coordination, and professional time. Payment is **due in full at the time services are provided**, unless otherwise agreed upon in writing.

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## 2. No Insurance Billing

Mabry Medical does **not** bill insurance companies, Medicare, or Medicaid. Patients may request an itemized receipt for personal submission to their insurance carrier; however, **reimbursement is not guaranteed** and remains the patient's responsibility.

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## 3. Payment Methods

Accepted forms of payment include:

- Cash
- Credit cards
- Debit cards
- HSA cards

By providing a payment method, the patient authorizes Mabry Medical to charge that method for services rendered.

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## 4. Fees & Scope of Services

- Fees are determined by Mabry Medical and may change without notice.
  - Patients will be informed of fees **prior to services being rendered**.
  - Fees charged by Mabry Medical apply **only to professional medical services provided by the clinic**.
  - Laboratory testing, imaging, medications, medical supplies, and services provided by **third-party vendors** are billed separately and are the patient's responsibility.
  - Mabry Medical is **not responsible** for the pricing, billing, or refund policies of outside providers.
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## 5. Programs, Packages & Ongoing Care

Some services may be offered as **programs, memberships, or bundled care**. Program fees may include professional time, medical evaluation, treatment planning, care coordination, documentation, and ongoing medical oversight.

Program fees are considered **earned as services are rendered** and are **not dependent on clinical outcomes**.

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## 6. Refund Policy

Due to the nature of medical services:

- **All fees for services rendered are non-refundable**, including professional time spent on evaluation, consultation, diagnosis, counseling, documentation, and care coordination.
  - Fees are considered earned **once medical services have begun**, regardless of patient satisfaction, treatment response, or completion of a program.
  - No refunds are issued for missed appointments, early discontinuation of care, or patient-initiated termination.
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## 7. Disputes & Chargebacks

- Any questions or concerns regarding charges must be addressed **directly with Mabry Medical**.
  - **Credit card disputes or chargebacks are not a substitute** for communicating with the clinic.
  - Initiating a chargeback without first contacting Mabry Medical may result in dismissal from the practice and additional administrative fees.
  - The patient agrees that documented medical services constitute valid delivery of services.
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## 8. Authorization & Consent

By signing below, the patient:

- Acknowledges receipt and understanding of this Financial Policy
  - Accepts full financial responsibility for services provided
  - Authorizes Mabry Medical to charge the selected payment method
  - Acknowledges that medical services involve professional time and expertise, not guaranteed outcomes
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## 9. Contact Information

For billing questions, please contact: **mabrymedical@gmail.com**

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## 10. Policy Review

This policy is reviewed annually and may be updated as needed.