

LUXE CONCIERGE CARE OFFICE POLICIES

Thank you for choosing Luxe Concierge Care (“LCC”) as your provider. To serve our clients in the best possible way, we have developed certain policies that are necessary for all LCC clients.

Missed, Late Cancel or Late Appointments: We have reserved your scheduled appointment time for you and ask that if you need to **cancel** you give us **2 weeks advance notice**. If you miss your appointment or cancel with less than 2 weeks notice, your payment is **non-refundable**. All deposits are **non-refundable**. Your payment will be returned for emergency situations.

Telephone: We are more than happy to have a brief phone conversation to answer your questions. Please call our office line at 813-616-2890.

Email: Please email at info@luxeconciergecare.com. If you choose to email LCC, please know that email is only intended for non-emergent and brief questions and to clarify treatment plans. Your provider will typically respond within 1-2 business days.

Active/Inactive: Clients are considered active if they have been seen within one calendar year. After that, their status becomes inactive. Inactive patients will have to re-register as new patients as well as have a medical appointment to regain “active” status.

Emergency Care: We do provide after-hours care and treatment. You may contact us for after-hours treatment by calling 813-616-2890. **However, if you are concerned that you may be experiencing a medical emergency, please call 911.** If you are not experiencing a medical emergency, you may leave a voice message on our office phone or message us through our portal system and we will strive to get back to you.

Client Provider Relationship: LCC reserves the right to terminate the provider client relationship for reasons including, but not limited to: patient noncompliance, frequently missed or cancelled appointments, behavioral issues and non-payment of bills. LCC will use its best judgment in terminating a client relationship and will communicate with the client regarding the reasons for termination.

Right to Refuse Treatment: LCC reserves the right to refuse treatment to any patient for any reason.

I have read and understand the LCC Office Policies. By signing this form, you are agreeing to the LCC Office and Financial Policies.

Printed Name of Client/Responsible Party: _____

Signature of Client/Responsible Party: _____

Date Signed: _____