



Kyle McDonald, DO

Neuromusculoskeletal Medicine &
Osteopathic Manipulative Medicine

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(616) 342-2295 phone | (616) 342-2296 fax
resilienceomm.com

Consent to Treatment & Financial Policy

Please read this carefully before your first appointment.

Patient name _____

Date of birth _____

Consent to treatment

You consent to be examined and treated by Dr. Kyle McDonald, DO, including osteopathic manipulative treatment (OMT) where appropriate. OMT can help relieve pain and improve mobility, but results are not guaranteed, and treatment can temporarily increase discomfort before it improves.

Appointments

We hold your appointment time exclusively for you. If you need to cancel or reschedule, please call at least 48 business hours in advance. Missing an appointment, or canceling with less than 48 business hours notice, results in a \$50 fee.

Payment

Payment is due at the time of service. Dr. McDonald sees both insurance and cash-pay patients.

Cash-pay rates: \$300 for your first visit (40 minutes), \$150 for follow-up visits (20 minutes).

Insurance: call the office and we will verify your plan and your out-of-pocket costs before your visit.

If you have insurance, you authorize us to bill your insurance on your behalf and to represent you in matters related to insurance claims generated here. Your insurance determines your out-of-pocket costs. If your plan does not cover the full cost of a service, you are responsible for the balance.

Privacy

Our Notice of Privacy Practices describes how we use your health information and what rights you have. It is posted at the office and at resilienceomm.com. Ask us for a paper copy at any time.

Patient or guardian signature _____ **Date** _____