Steven H. Leifheit, D.O.
Osteopathic Manipulative Medicine Phone (206) 935-2722

Dear_____:

Please take a few moments to read about my office financial policy. Please bring this form to your first appointment. I will answer or clarify any issues mentioned below at that visit.

I trust that none of what is described below will interfere with our doctor-patient relationship.

Steven Leifheit, D.O.

1. My fees are based on what is anticipated to be customary and usual services, performed when a physician is consulted by a patient. This will involve verbal interaction to better understand the chief complaint, and likely more history regarding other pertinent conditions, to include details of past injuries. All of this involves time.

2. A detailed biomechanical/osteopathic structural exam gives me much information to help address your condition, which also takes time.

3. As of 31 May 2026, I shall operate on fee-for-service, with the exception being those persons/patients with straight Medicare coverage. Routine examination/treatment visits for established patients will be limited to 30 minutes, with fee for this service = $175. Preparation and services for new patients will be limited to 60 minutes, with charges = $400.

4. I utilize a Billing Service (Physicians Financial Services) which will bill Medicare for services rendered by Dr. Leifheit. If you have a deductible to meet or otherwise are assigned personal responsibility for medical services or supplies rendered, you will be expected to pay this within 30 days.

   You will be given one notice of your need to pay an outstanding balance on your account. Failure to pay a balance (which has been identified as your responsibility) within 60 days can result in your account being assigned to a collection agency. If this occurs, the doctor-patient relationship at this office will be terminated.

5. If excessive telephone requests or inquiries occur in the course of managing your condition, you may be charged for this service. Phone consultation or discussions will be charged at $300 per hour, with a minimum charge of $30.

6. If you must cancel an appointment, please notify this office at least 48 hours before. If a routine (30 minute) appointment is missed without notification, $50 will be charged. If a new patient visit is cancelled less than 48 hours before scheduled appointment, a $75 charge must be paid before any subsequent visit.

I have read the above policies,

Signature:_____ Date:_____