

Office Policies

Welcome to the Hyperbaric Wellness Center. We are pleased that you have allowed us to help in the recovery of you or your child. We have created this facility in order to provide a much needed service to this area, as safely as possible, while keeping the overhead, and thus the cost, to a minimum. In order to do this we have had to adopt the following policies. We appreciate your understanding and cooperation in the administration of these provisions and vow to provide you with the best hyperbaric experience possible.

- All persons receiving treatment must have a prescription from a licensed physician on file prior to beginning therapy. The prescription can be as detailed as the referring doctor desires, or it can simply read "HBOT".
- ➤ Caregivers, who may enter the chamber to accompany the patient, must also have a note from a licensed physician stating that they have no contraindications to being put inside a hyperbaric chamber.
- ➤ All sessions must be paid in advance. To receive a package discount the entire payment must be received prior to beginning treatments.
- ➤ We accept Visa, MasterCard, Discover, and American Express. Personal checks are also accepted but will be cashed immediately. There will be a \$30 fee for returned checks.
- ➤ There is a 24 hour cancellation requirement. All sessions scheduled and not cancelled 24 hours prior to the scheduled treatment time will be charged for one hour of HBOT.
- ➤ All clients must have a signed consent form and office policies form on file prior to beginning therapy.
- Treatments will be administered by the trained staff of the Hyperbaric Wellness Center. There may not be a physician on site.
- ➤ If a package is purchased and the client is unable to finish the complete set of dives, then a refund may be issued. The amount of the refund will equal the price paid, divided by the total amount of sessions purchased, minus the number of sessions completed.
- ➤ Clients must wear either all cotton clothing or 50/50 cotton blends while in the chamber.
- ➤ No electronic equipment (e.g. laptops, cell phones, electronic games, etc.) will be allowed in the chamber.
- ➤ Clients are responsible for the care, cleaning, and storage of their own hoods. Non-latex hoods are available upon request.

I understand and agree to the above office policies.

Adult Patient, Parent, or Legal Guardian's Signature	Date	
Printed Name		
Child or Dependent's Name		