Patient Agreement — South Dakota

Please read, sign, and return before your first visit.

David Walters, DO, PhD, MBA
iCONMED
Hot Springs, SD
719-544-0199

Thank you for choosing iCONMED. Here's how we work — plainly stated, so there are no surprises.

WE ARE A CASH-PAY PRACTICE

We don't accept or bill insurance — for any reason. We won't contact your insurance company, send office notes, handle prior authorizations, fill out insurance forms, or provide superbills, billing codes, or any diagnostic codes. Dr. Walters has opted out of all government programs and is not a Medicare or Medicaid provider. If you are on Medicare or Medicaid, please do not submit your visit charges to them. We will, however, gladly provide an itemized receipt upon request.

PAYMENT

Services are paid in full at the time of service, before leaving the clinic. We accept cash, check, card, or CareCredit.

CANCELLATION & RESCHEDULING

Every appointment slot is valuable — if you can't make yours, it could go to a patient on our waitlist. We ask for **72 hours' notice** to cancel or reschedule.

- If you miss a scheduled appointment more than once without notice, you will be asked to prepay to book your next visit — unless it was an emergency.

Genuine emergencies happen. If one prevents you from attending, call us — we will work with you.

MEDICATIONS & SUPPLEMENTS

Some medications and supplements are sold at the office for your convenience. Refills are not available before the refill due date. If medication is lost, broken, or stolen, we are not obligated to replace it — you'll need to wait until the due date. If someone else picks up your medication, they must bring payment and a copy of their driver's license.

REFUNDS

No refunds on prepaid medical programs, supplements, durable items, or prescription products purchased from this office.

HOW WE COMMUNICATE

We use **Spruce Health**, a HIPAA-compliant platform, for all patient communication — calls, video visits, and intake forms. One number for everything: **(719) 544-0199** via the free Spruce app.

I, _____ , have read and understand this agreement and accept its terms.
(printed name)

_____ _____
Patient Signature Date