



JANIS L. ENZENBACHER,  
MD

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(914) 325-1664

PATIENT PAYMENT AGREEMENT FOR  
PHYSICIAN RECOMMENDATION and CERTIFICATE for MEDICAL  
CANNABIS

FEE FOR INITIAL CONSULATATION, EVALUATION and CERTIFICATE: \$275.00

YEARLY EVALUATION TO RENEW MEDICAL CANNABIS CARD and  
CERTIFICATION: \$250.00

I AGREE NOT TO SUBMIT TO MY MEDICAL HEALTH INSURANCE  
PLAN FOR ANY OF THE ABOVE FEES AND PAYMENTS

PATIENTPRINTED NAME: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Janis L. Enzenbacher, MD**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**PATIENT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I read and/ or received a copy of the Janis L. Enzenbacher, MD: Patient Notice of Privacy Practices/ HIPAA effective January 1, 2015

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_  
(or guardian, if applicable)

Please be advised that I \_\_\_\_\_ do not want give any authority or consent to give out any information of my medical history or diagnosis with any party. Under no circumstances should my medical history be given to anyone.

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Janis L. Enzenbacher, MD

PRACTICE POLICY & PAYMENT AGREEMENT:

Payment for all services including; ALL CONSULTS, and recommendations for treatment must be paid in full at the time of the visit for services rendered.

Payment can be made with credit/debit card, cash or check. **Payments made with credit/debit card will incur a 3% processing fee.** We charge a processing fee for all returned checks.

Outstanding balances beyond 30 days will be charged a monthly interest fee of 1.5%.

The above services are not typically covered by medical health insurance companies including Medicare. Upon request, we can provide a receipt for services rendered. All services above are non-refundable.

I, \_\_\_\_\_, understand that I am responsible for the balance of my account, for any and all professional services rendered on my behalf. I accept full responsibility for the payment of these services.

Cancellation Policy

Cancellations for all appointments must be made within 24 hours of the scheduled appointment. This can be done by leaving a message at 914-325-1664 or email at janiszen@drbyn.us. If the appointment is not cancelled within this time period then you will be charged 75% of the cost of service. Exceptions will be made with the discretion of practitioner.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_