

FINANCIAL AGREEMENT

Insurance

If you have medical insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve this goal we need your assistance and your understanding of our payment policy. You will be asked to update your personal and insurance information periodically, including providing our office with copies of your insurance card. We are required by law to obtain your signature for permission to release information to your insurance carrier. Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance requirements.

We will gladly submit fees for your covered medical services to your insurance company. However, we expect payment of all services within 30 days. **It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 30 days.** It is your responsibility to understand your coverage and benefits, including pre-certifications, referral and authorization requirements, and to be sure all insurance information is current. If you give the wrong insurance information and a referral is required, you will be responsible for the charges. We will, however, assist you to ensure that all plan requirements are met.

Patient Responsibility for Payment

You are responsible for payment of any co-payment, co-insurance, deductible or service not covered by your insurance, handling, collection or attorney fees. If you do not have insurance, you are responsible for payment of all services. Co-payments are due at the time of your service. Charges for minor children will be billed to the parent with whom the child resides. We will bill appropriate insurance if all required information is provided. We will not bill or contact a non-custodial parent on behalf of the custodial parent.

Non-Payment

Failure to pay will result in your account being referred to a collection agency, which may affect your credit. You must contact our office to discuss payment arrangements. Referral to a collection agency, or naming Lifeline Acupuncture & Herbs Clinic in a bankruptcy filing, you will be charged a processing fee and any applicable legal fees. NSF checks will result in a \$25 processing fee.

Cancellations and No-Shows

We require 24-hours notice in the event of a cancellation and you may be subject to a \$35 charge for appointments cancelled less than 24 hours before time of appointment. You will be subject to a \$35 charge for an appointment that is scheduled and not kept without any notification (No-Show). This charge will not be covered by your insurance, but is required to be paid by you personally. For Workers' Compensation and Personal Injury patients, documentation of miss appointments is forwarded to your case manager and primary physician. This could jeopardize your claim

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. We must emphasize that as medical care providers, our relationship is with you, not your insurance company.

*I, the undersigned, agree to all terms in the **Insurance, Patient Responsibility for Payment, Non-Payment and Cancellations and No-Show Policy.***

Print Name of Patient _____

Patient Signature _____ Date _____

Print Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____