LifeArts Integrated Health Center, PC

Notice of Your Financial Responsibility / Financial Agreement

Insurance Information:

- As a courtesy we will bill your insurance company if we have a copy of your **current valid insurance** card.
- Please be aware that some, and possibly all, of the services provided may be "non-covered services" and are not considered "reasonable and necessary" under the Medicare Program and / or other medical insurance.
- **It is your responsibility to know and understand the amount of coverage you have.** You are responsible for services not covered by your policy.
- **Co-Pays / Co-Insurance are expected at the time of service**. We accept cash, checks, money orders, credit cards, and debit cards. These fees are not charged by LifeArts Integrated Health Center, PC, they are a requirement of your insurance company, therefore, it is fraudulent to waive these fees.

Private Pay / Self Pay:

- **Payment must be received at the time of service in order to receive the cash price.**

Products Purchased in the office:

- **Payment for any and all products received in the office is due at the time of purchase.** Absolutely no "on account" billing will be made for any products received. This includes supplements, products, pillows, etc.

Non-Payment:

- If we have not received payment from you for 60 days, we will send your account to collections. While your account is in collections, no appointments will be scheduled. Appointments may be resumed once the account is back in good standing.

Payment Plans:

- If you are unable to pay your account in full, we need to have a credit card to be on file and a payment plan set up. Our software will automatically withdraw the agreed-upon amount on either the 1st of the 15th of each month.

Workers' Compensation / Personal Injury / Auto Accident:

- If you suspect your injury is the result of a work accident, an accident report must be completed with your employer prior to any service. Any charges prior to the date of this report will be due in full as there is no guarantee of payment by Workers' Compensation.
- No guarantee of payment by insurance companies will be made. **You are responsible for 100% of the costs that are not covered by insurance**. We will bill the insurance companies; however, if they do not pay your claim, **you are responsible for the claim amount in full** once maximum chiropractic improvement is achieved in the opinion of the chiropractic physician.

Minor Patients:

- The adult(s) responsible for the minor is responsible for full payment at the time of service.

No Shows / Missed Appointments:

- All no show appointments will be charged a **fee of $25.00** to the patient.

Please sign below to acknowledge that you have read, understand, and agree to this policy and allow us to accept assignment from your insurance company for reimbursement for services rendered. The Credit Application must also be signed and accompany this form for all patients who do not pay in full at the time of service.

____________________________________ **Signature**

____________________________________ **Date Signed**

____________________________________ **Printed Name**