

## **FINANCIAL POLICY**

Thank you for choosing Integrity Health and Wellness as your health care provider. Everyone benefits when office and financial policy arrangements are understood. In order that we may have a definite understanding in regard to the payment for services, the following is our policy.

**Payment is due at the time service is provided. We accept cash, personal checks, cashier checks, money orders, Visa, Mastercard, Discover, American Express. Returned checks will be subject to a \$35 additional fee.**

As a courtesy to you we will help you process all your insurance claims. We ask that you pay the deductible and co-payment, which is the **estimated** amount not covered by your insurance company at the time we provide service to you. We must emphasize that this is only an estimate and all charges you incur are your responsibility regardless of your insurance coverage. Insurance companies have a wide variety of rules, plan limitations and exclusions that our office may not be aware of. Once insurance has paid their share, a statement will be sent to you for any remaining balance and will be due upon receipt. If your insurance company has not made payment within 60 days, the unpaid balance becomes your responsibility and is subject to finance charges and the collections process.

**Divorced Couples with Dependent Children:** It is the policy of this office to bill the parent that brings the children in for their care. Please make arrangements for payment from an ex-spouse before services are rendered.

**All Patient:** must provide an **ID Card and Insurance Card** (if applicable) to be copied at the time of the appointment. We also require home, work and cell phone numbers, as well as a contact number to use in case of emergency.

CONSENT: I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY BENEFITS DIRECTLY TO INTEGRITY HEALTH AND WELLNESS.

Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

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