

Well Within, LLC

709 NE 5th St Gresham, Oregon 97030
503.734.7508 www.LiveWellWithin.com

Andrea Weber LAc, MAcOM

Consent for Purposes of Treatment, Payment and Health Care Operation

I consent to the use or disclosure of my identifiable health information by *Well Within* for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me at *Well Within* may be conditioned upon my consent as evidenced by my signature.

The Notice of Privacy Practices is provided at the front desk and on the organization's web site at www.livewellwithin.com. This Notice of Privacy Practices also describes my rights and the duties of my practitioner Andrea Weber, LAc with respect to my identifiable health information. X_____

Medical Insurance Disclaimer: Health insurance deductibles are the patient's responsibility to pay. Each insurance company has their reimbursement rate that will be applied to your deductible as applicable. If for some reason your insurance company denies payment for a non-covered service with Andrea Weber, LAc, you are liable for that charge and will be billed. This office is not responsible for determining coverage for services. X_____

Contracted Insurance: If I am contracted with your insurance company, I must follow the contract and their requirements. If you have a co-pay or deductible, you must pay Well Within, LLC at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company. X_____

Non-Contacted Insurance: Insurance is a contract between you and your insurance company. Well Within, LLC is not a party to this contract, in most cases. I will bill your primary insurance company as a courtesy to you. Although I may estimate what your insurance may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company. X_____

Financial Policy: It is **office policy to collect co-pays at the time of service**. If there is a non-covered treatment, or a treatment that was applied to your deductible, you will be billed for the service and are responsible for the charge. Payment will be expected within 30 days. Checks, cash, health savings account (HSA) cards, and all credit cards are accepted methods of payment. X_____

Cancellation Policy: Well Within, LLC has a 24 hour cancellation/rescheduling policy. If an appointment is missed, cancelled, or changed with less than 24 hours notice, there will be a charge. While truly sympathetic, Well Within, LLC cannot absorb the financial responsibility of last minute cancellations. The office does not double book appointment times, but rather reserves specific times for each patient so that you may receive individual care and attention. When a patient misses, cancels or changes their appointment without giving 24 hours notice, they prevent others from scheduling. X_____

Signature of Patient or Authorized Representative

Date

Printed Name and Relationship