



## Financial Responsibility

Please be advised that you are fully responsible for all services rendered by Optimal Care & Wellness, whether or not said services are covered by your insurance.

Verification of eligibility and benefits will be conducted every time you have an office visit. However, per your insurance, the fact that you have insurance coverage is not a guarantee of payment to Optimal Care & Wellness.

Please be further advised that you may be subject to a deductible, co-insurance amount, or copayment, of which we may not be aware until the claim for the office visit has been processed by your insurance. Should there be a remaining balance due to Optimal Care & Wellness after your insurance has processed the claim, a statement will be sent to you for payment of said balance. Importantly, failure to provide correct, new, or additional insurance information to our office in a timely manner may result in additional charges to your account. This applies to private insurance coverage as well as AHCCCS.

**Co-payments are due at time of service.** If you are uninsured, you agree to pay, at time of service, the entire cost of medical services rendered to you.

**A copayment may apply if an illness is evaluated, or procedure is performed during a Well Exam.**

In the event that you have failed to pay for services provided by this office **within 90 calendar days**, your account will be placed for **collection**. You understand and agree that an additional amount equal to 25% of the balance owing at the time the account is placed for collection will be added to the current balance owed. You also agree to pay 10% interest rate per year on the balance until the amount owed is paid in full. You further agree to pay for any and all attorneys' fees and costs necessary to collect on the debt, including those fees and costs incurred in attempting to enforce this agreement prior to the filing of any lawsuit.

**I have read the above, completely understand it, and accept full financial responsibility for services provided by Optimal Care & Wellness.**

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Printed Name

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Date of birth

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Patient Signature

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Date