



Clinic Financial Policy

PATIENT NAME: _____

*Fees are important issues to anyone receiving professional services.
Please ask the office staff if you have any questions regarding this information.*

Payment Method: Payment is required at time of service. If you are utilizing your private insurance you are obligated to pay your copay(s) and deductible(s) at the time of service. Cash, check, or credit card is accepted. If a check bounces, you will be charged an additional \$35.00 for each presentation to the bank. If you receive services on an ongoing basis, you may request a monthly statement.

Insurance: By signing this document you agree to authorize the release of any and/or all of your information necessary for checking benefits, filing claims, pre-certification, concurrent review, and/or retroactive chart reviews.

Past Due Accounts: Processing past due accounts is expensive, therefore we will charge a **1.5% monthly interest** to any accounts **30 days past due**. A \$5.00 re-billing fee will be assessed monthly if payments are not made by the payment due date.

Missed Appointments: If an appointment is canceled or missed without a 24-hour notice, you will be billed \$50.00 that must be paid prior to having another appointment.

Responsible Party: If you are over age 18 years old you are responsible for making payments for services. If the patient is a minor, the parent/guardian will be responsible for payment. We will attempt to collect payment from 3rd party payer(s), but if this fails, payment will be expected from the patient or parent/guardian of the minor.

Collections: All accounts 60 days overdue will be turned over to a collection agency or legal action; unless a payment agreement can be reached. Personal information will be disclosed for necessary collections and/or legal action.

I have reviewed all the above conditions of services and request services from Serenity Wellness Center.

Date: _____

Signature of Parent Guardian Patient 18 yrs or older Other (specify) _____

Witness Signature