



FINANCIAL POLICY

Well Being Health Care, LLC

Thank you for choosing us as your health care provider!

The following is a statement of Financial Policy which we require you to read and sign prior to any treatment. Medical services require a commitment of time, energy, and financial resources to accommodate your needs.

**** If you have health insurance, we will verify your benefits and eligibility.**

This verification is not a guarantee of payment and ultimately you are responsible for any changes or updates to the insurance plan.

Insurance Agreement:

Your insurance coverage is a contract between you and your insurance company. If we are a contracted provider with your managed care company, we will handle your claims according to our agreement with your particular company. As a courtesy to you, we are happy to file your primary and secondary insurance. If you have more than two insurance companies, you will be responsible for filing the third insurance.

Payment deductibles, co-payments and any non-covered services are due at the time of service. In the event deductibles and/or co-payments cannot be verified at the time of service, you will receive a mailed statement and are expected to render payment upon receipt. Non-insured patients are expected to pay in full at the time of service.

Minors:

The adult accompanying a minor is responsible for full payment or make arrangement for payment at the time of visit. A parent or legal guardian must accompany a minor for their initial visit.

Delinquent Accounts:

I agree to be financially responsible for any unpaid balance due to Well Being Health Care, LLC for services and fees rendered. I understand that even though I have insurance, some services may not be covered under that insurance plan. If this occurs, I agree to pay the full amount due for services and fees.

*I grant permission to Well Being Health Care, LLC, its agents or assignees, to discuss my account with and release any information to any third-party payor via the U.S. Postal Service, fax, or any electronic media in order to assist in the payment of any balance due, or otherwise verify personal information provided.

*Also, it is understood and agree Well Being Health Care, LLC reserves the right to assess a monthly finance charge, in accordance with Law, to any unpaid balance due. Further, it is agreed that should Well Being Health Care, LLC determine that it is necessary to employ a collection agency to recover any unpaid balance owed, I agree to pay any and all collection fees and costs expended to effect recovery including any and all attorney's fees assessed by any court.

Appointments:

We see patients on an appointment basis. If you are a new patient, please arrive 30 minutes before your appointment time. If you are an established patient, please arrive 15 minutes before your appointment time. It is office policy that if a patient arrives late to their appointment that they may be required to reschedule depending upon the providers schedule for the day.

Cancellation Policy:

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed care. If an appointment is not canceled 24 hours in advance you may be charged a \$50.00 fee this will not be covered by your insurance.

**Repeated cancellations or missed appointments will result in loss of future appointment privileges.*

Signature of Patient or Personal Representative

Date

Printed Name of Patient