

Financial Policy

Our Responsibility

- To bill your primary insurance carriers in a timely manner.
- To assist you in resolving any problems with claim payment.

Your Responsibility

- To provide us with accurate information to submit your claims correctly and to include a copay of your insurance card and driver's license.
- To make certain there is an authorization for our therapists to treat you if it is required by your insurance.
- To pay your copay at the time of service. We accept Cash, Check, Credit/debit card, and health savings or flexible savings cards.
- Complete a credit card authorization form and present a credit card, Health Savings or Flexible Spending card to be encrypted for automatic payment of remaining copay, coinsurance, deductible balances when they become due on your account as determined by your insurance plan.

Referrals/Authorization:

- Referrals and/or Authorization are not a guarantee of payment. You are responsible for any balances classified as 'Patient Responsibility' by your insurance company. Any dispute with claim processing is between you and your insurance company.

Payment Arrangements:

- If your authorized credit card expires or payment cannot be processed for any reason, you will be notified by mail of the failed attempt and receive a copy of your statement of the outstanding balance due. Please contact our billing office to update your credit card information or make necessary payment arrangements before the next 28 day billing cycle.
- Past due account balances must be settled prior to making or being seen for a subsequent appointment.
- A late fee of 3% will be assessed to your open account balance if the account becomes aged after 60 days without a payment arrangement established.

Collection Policy:

- Be Well Massage Skin Care Spa has a collection policy in place for delinquent accounts. If we have been unable to get a payment from you after three months of repeated attempts, the account will be turned over to our collection agency and you will be discharged from the practice.
- Patients who are discharged from Be Well Massage Skin Care Spa due to non-payment may request a copy of their medical records be sent to the health care provider of their choice in order to continue care.

I certify that I have read the financial and appointment policies of Be Well Massage Skin Care Spa and agree to abide by these policies.

Signature _____ **Date** _____

(Parent or legal guardian must sign if patient is under 18)

Patient Name _____