



Victorious Images 7191 Richmond Road, Suite E, Williamsburg, VA

INSURANCE ASSIGNMENT and FINANCIAL AGREEMENT

Victorious Images, LLC is a provider for breast prosthesis and related mastectomy products.

We DO NOT accept assignment from all insurance companies.

We will file your claims for you, but understand each insurance company is handled on an individual basis. *Each client must provide a prescription from their health care provider for all products provided. Without a prescription, items will be considered a cash sale. All products obtained without a prescription are subject to state and local taxes.*

- ◆ Victorious Images is responsible for filing my first and second insurances. Any unmet deductible or unpaid balance (**for any reason**) by my insurance company is my sole responsibility.
- ◆ I authorize release of any and all medical and/or billing information as is necessary for third party reimbursement from my insurance carrier. I authorize direct payment from said insurer(s) to Victorious Images.
- ◆ **I accept responsibility for payment of all product(s) that Victorious Images determines does not constitute covered product(s), co-payments, deductibles, and/or up-charges. This amount is due at time of delivery.**
- ◆ Victorious Images will extend credit to me for **sixty (60) days** with valid insurance policies in force for the applicable charges minus any co-payment, deductible or up-charge, which is due at time of receipt of said products billed to the insurance company. If my insurance company has not paid this bill within the **sixty (60) days** I am responsible for any balance due Victorious Images. I also understand that I am responsible for any finance charges, attorney's fees and other related costs of collection should such action become necessary.
- ◆ **Finance charges are \$10.00 per month from date of purchase with collections fees of 33.3% of the total including the finance charges.**
- ◆ In the event my insurance company sends the reimbursement to me and not Victorious Images, I agree to send the payment to Victorious Images, within seven (7) days of receipt of the reimbursement. If I neglect to do so, my account will be sent to collections thirty (30) days from the date of the insurance company's remittance notice. Again, I understand I am responsible for any attorney's fees, court costs and any other collection fees for this action.
- ◆ Should Victorious Images receive payment from said insurance company after this time, they are held responsible for reimbursing this payment to me with in thirty (30) days of said payment.

INSURANCE FILING: Please initial below

_____ **I understand I am responsible for any amount not paid by my insurance company for any reason after sixty (60) days.**

_____ Due to the increase of constant changes in the Health Care System, Victorious Images reserves the right to amend this agreement at any time.

This form is signed and accepted by the client on _____

Date

Client Signature

Printed Name