



Office Policies

PAYMENT & INSURANCE RELEASE AGREEMENTS

- I (being the responsible party for the patient identified below) hereby agree to pay for all copayments/co-insurance deductibles at the time of each visit, and for Aspire Wellness to bill for and receive direct payments from my insurance companies for services rendered by Aspire Wellness. In the event that the insurance company refuses payment for services rendered at Aspire Wellness, I acknowledge and agree that I will be held responsible for the payment in full.
- Payments for self-pay/cash patients are due at the time of the visit.
- I hereby authorize that payment of Medicaid, Medicare, Medigap, or other insurance company benefits, otherwise payable to me, be made to Aspire Wellness, for this outpatient treatment or series of treatment. I authorize the release to the Centers for Medicare and Medicaid Services and its agents of any information needed to determine these benefits are payable.
- I authorize Aspire Wellness to call my home/cell, either in person or through our automated system to provide patient appointment reminder calls on a regular basis.
- I agree to the following terms and conditions for collections of payments for services performed by Aspire Wellness.
 - There will be no charge for a cancelled visit if the cancellation is made greater than 24 hours prior to the visit.
 - Aspire Wellness reserves the right to charge a standard \$75.00 charge for a cancelled visit if the cancelled visit is made less than 24 hours prior to the visit time or if there is a No-Show for the appointment. Any resulting charge from late cancellation or non-attendance is due before the next visit and will not be submitted to a third party carrier. **I will be solely responsible for this charge.**
 - When I pay by check, I expressly authorize Aspire Wellness, if my check is dishonored or returned for any reason to charge me the amount of the check plus a processing fee of \$35.00 plus any applicable sales tax. The use of a check for payment is my acknowledgement and acceptance of this policy and its terms.
 - In the event that an overdue outstanding balance should be placed with an outside Collection Agency, I will be liable for any court cost, attorney fees, and collection cost.

Late Arrivals

The patient's appointment is scheduled for a specific block of time and will end **on time** even if you arrive late.

Forms/Letters

The only documentation regarding your health required by law (and included in the office visit charge) is an office visit note.

Completing paperwork for work, school, disability, etc is unnecessary duplication and goes beyond routine medical care. Therefore, it cannot be billed to your insurance company. Since all forms require our signature, we are personally responsible for the accuracy of the information provided. Filling out forms thus requires careful consideration and a considerable amount of our time.

Therefore, it is our office policy to charge \$40.00 for the completion of any form. Forms will be completed as soon as possible once payment is received.

Patient Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____