

CLIENT FINANCIAL AGREEMENT

Thank you for allowing our office the privilege of serving your electrolysis needs. Mike's Electric Chair is a place where the genuine care and welfare of our clients is our highest mission. That is why it is very important that you completely understand our financial policies. Please read the listed information and contact our office at any time with questions.

1. You must remit your payment in full at the time the services are rendered. For your convenience, we currently accept cash, Venmo, Paypal, Zelle and Checks.
2. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Therefore, you are ultimately responsible for all charges incurred with our office from the date the services are rendered.
3. If any Pre-certifications are required by your insurance company for any testing or treatment, you are responsible to contact them. This is ultimately the responsibility of the patient or insured person, and our office cannot be held responsible.
4. Occasionally, insurance companies require your medical records in order to process our claims. By signing below, you are also authorizing Mike's Electric Chair to send your complete medical records to your insurance company once they are requested. Notes:

If you have any questions regarding our financial policies, please don't hesitate to ask us. We are here to help you.

By my signature, I certify that I have read and agree to the terms of the above and understand I am fully responsible for any charges incurred.

Signature of Client:_____

Printed Name of Client:_____

Date:_____

Currently we do not accept credit cards. Thank you