

# Integrative Health & Wellness Clinic, LLC

## Financial Policy

To reduce confusion, Integrative Health & Wellness Clinic (the “Clinic”) has adopted the following financial policies. If you have any questions regarding these policies, please contact the Clinic. The goal of the Clinic is to provide the best possible care and services to you, with your complete understanding of your financial responsibilities being an essential element of your care and treatment.

**Full payment is due at the time of service unless your health insurance carrier has made prior arrangements.** For your convenience, the Clinic accepts cash, checks or credit cards (VISA, Mastercard, Discover and American Express).

### Appointments

We require a 24-hour notice for cancellation of any appointments. There is a \$35.00 charge for appointments if they are canceled without adequate notice.

If you are late for your appointment, the Clinic will do its best to accommodate you. However, it may be necessary to reschedule your appointment, such rescheduling being subject to the cancellation fee listed above.

### Your Insurance

The Clinic has arrangements with many insurers and health plans. This means that the Clinic will bill those plans for which there is an agreement and will only require you to pay the authorized copayment at the time of service. The Clinic’s policy is to collect this copayment when you arrive for your appointment. It is your responsibility to provide correct insurance information. **If the insurance company you designate or the plan information provided is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**

If you have insurance coverage with a plan with which the Clinic does not have a prior agreement, the Clinic will prepare and send the claim for you on an unassigned basis. This means that your insurer will send reimbursement payments directly to you. Consequently, the charges for your care and treatment are due at the time of service. Payment is also due at the time of service if you do not have insurance.

If your health plan determines a service to be “not covered” or covers only a portion of the cost of a service, you will be responsible for the remaining balance. Payment is due upon receipt of a statement from this office.

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The Clinic does not submit to secondary insurance plans. If you have secondary insurance, the Clinic will provide you with a receipt to submit for reimbursement. Your secondary insurance will send a reimbursement check directly to you. **YOU ARE RESPONSIBLE FOR ANY REMAINING BALANCE ON YOUR ACCOUNT.**

## Cash Based / Self-Insured Program

For those that will be paying with cash, payment is expected at the time of service unless other arrangements have been made. For your convenience, the Clinic accepts most credit cards. Personal check and/or automatic payments can be arranged.

## Overdue Payments

Any account balance outstanding greater than 30 days will be charged a \$10.00 re-bill fee. Any balance remaining after sixty (60) days from the date of the initial invoice will be forwarded to a collection agency, at which point the Clinic will no longer accept such patient.

There is an additional service charge for payments returned due to insufficient funds of \$30.00, plus any bank fees incurred.

By signing below, I confirm that I have read and understand the Clinic's financial policy, and agree to comply and accept the responsibility for any payment that becomes due as outlined in such policy.

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Patient's name

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Patient's signature

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Date

# Integrative Health & Wellness Clinic, LLC

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Responsible party member's name

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Relationship

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Responsible party member's signature

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Date