

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

The ExerScience Center and affiliated companies, collectively known as "The ExerScience Center", are committed to providing you with quality care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **ALL PATIENTS MUST COMPLETE OUR "NEW CLIENT FORM" BEFORE STARTING SERVICE.**
- **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
- **WE ACCEPT CASH, CHECKS, AMERICAN EXPRESS, VISA, MASTER CARD, DISCOVER AND ZELLE.**
- **THE EXERSCIENCE CENTER PROVIDES INSURANCE COMPANY BILLING AS A COURTESY TO OUR PATIENTS. THE PATIENT PORTION OF PARTICULAR SERVICE(S) IS ESTIMATED AND DUE AT THE TIME OF SERVICE.**

#### **Adult Patients**

Adult patients are responsible for full payment at time of service.

#### **Minors Accompanied By An Adult**

The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at time of service.

#### **Unaccompanied Minors**

The parents or guardians are responsible for full payment at time of service. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or to Visa, Master Card or Discover. We do not accept American Express payments for visits by unaccompanied minors.

#### **Insurance**

The ExerScience Center provides insurance company billing as a courtesy to our patients. The patient portion of particular service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitation for the amount of services that can be reimbursed within each plan year. If you or your family exceed these annual limitations in any plan year, you will be responsible for the full amount of services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by The ExerScience Center staff regarding his/her remaining benefit in any such benefit period. The claims we submit to insurance companies indicate that you have assigned those benefits to The ExerScience Center. However, if you are paid by the insurance company instead of The ExerScience Center, you then become responsible for the total account balance and payment would be expected immediately.

If you or your family has more than one insurance program, we will assist you in obtaining the maximum benefits available.

You as a patient are always responsible for any charges that are not covered by your insurance.

#### **Medicare/ Medicaid/ Champus/ Worker's Compensation**

If you are covered by Medicare, Medicaid, Champus, Worker's Compensation or any other government sponsored program, please discuss your payment situation with our office staff prior to arriving at the The ExerScience Center office on the date of service.

#### **Delinquent Payments**

It is our policy to charge finance fees at 1.5% for outstanding patient balances after the balance has been outstanding 30 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee of \$25.00.

#### **Missed Appointments**

No-shows and late cancellations without 24 hour notice will be charged the full cost of the scheduled appointment. Do not email schedule changes or cancellations. This will be your responsibility; insurance cannot be billed for this amount. This fee must be paid prior to being seen for your next appointment.

***Thank you for understanding and accepting our Financial Policy. Please let us know if you have any questions or concerns.***

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_