



## **Financial Policy**

Payment is due at time of service. We accept cash, check, Visa, MasterCard, American Express and Discover. All products must be paid for at the time they are purchased.

### **Health Insurance**

We offer a paid in full (PIF) discount for all service charges that are paid in full at the time of service.

We are In-Network with most major insurances. For those insurances that we do not bill, we will collect **in full** at the time of service and can provide you with the SuperBill, which is a detailed billing receipt that you may submit to insurance for reimbursement. You will receive reimbursement directly from your insurance company.

Your insurance policy is an agreement between you and your insurance company, not between your insurance company and our office. Knowing your insurance benefits is **your responsibility**. We will attempt to get benefit information from your insurance company as a courtesy, however please contact your insurance company with any questions you may have regarding your coverage. Note that benefits quoted are never a guarantee of payment. If we are unsuccessful at collecting payment for any reason, you are ultimately responsible for all outstanding balances on your account.

### **Personal Injury**

If you are in an accident, you will need to provide us with your insurance information, open claim # and insurance adjuster's name and phone #. If the claim is open and straight forward, we will not collect on your balance unless we are informed that insurance is not going to cover the charges. If we can't verify an open claim or have reason to believe your insurance may not reimburse us, then we will collect in full at the time of service. If you retain an attorney, we may hold your balance due until a settlement is reached. At that time, the balance will be due in full even if your settlement does not cover the whole amount. Ultimately, you are responsible for all outstanding balances on your account.

Your insurance company may request information from you regarding the accident. They may also request an Independent Medical Exam (IME). You are required to contact them and comply. If you fail to do so, your balance will become due immediately.

### **Appointment Fees**

These fees are not billable to insurance.

There is no fee if you cancel or reschedule an appointment with 24 hours notice. Same day cancellations will incur a \$35 fee, for the first incident. All subsequent cancellations or reschedules without proper notice and any missed appointments will be billed for the paid in full rate of the service scheduled.

For time based services, if you arrive late to your appointment you will be charged for the full appointment time. If you are more than 15 minutes late and have insurance, the insurance rate will be reduced to the actual treatment time and you will be charged a \$35 fee in addition to your co-payment/co-insurance.

Failure to receive text reminders in the event of technological issues does not constitute valid reason for missing an appointment. It is your responsibility to know when your appointment is scheduled. All missed appointments will incur the fees described above.

### **Other Fees**

There will be a \$25 fee added to the balance due for a returned check.

There will be a \$25 fee deducted from any funds due you, if we have to reissue a refund check.

### **General**

It is your responsibility to inform our office of any address, telephone number or insurance changes.

We will send a minimum of three statements if you have an open balance before we consider referring your account balance to a collection agency. Please call the office if you have questions or require payment options.

Emails sent to A Healing Space are not encrypted and hence not HIPAA compliant.

Signature \_\_\_\_\_ Date \_\_\_\_\_