Payment, Patient Balance, and Credit-Card Policies

PAYMENT POLICY

All professional services are charged and are payable at the time of service. All patient out-of-pocket financial responsibilities are collected at the beginning of each appointment and are payable by check, cash or major credit card. Patients who are unable to pay the out-of-pocket financial portion, as required by their insurance company, might be denied treatment at their scheduled appointment time. A receipt can be provided to you for each session.

INSURANCE PROCESSING

Your provider utilizes a third-party billing company to file most of their insurance claims. Patients are advised that they are ultimately responsible for communications with their insurance company to determine eligibility of coverage, benefits, and any copayments, coinsurances, and/or deductibles connected with the subscriber's policy.

OUTSTANDING PATIENT BALANCES

Periodically, a patient might receive an statement from the provider's billing company reflecting an outstanding balance on their account. This is usually created due to a discrepancy between what was collected at the time of session and what was the actual patient out-of-pocket responsibility. Patients will have 30 days to make a full payment on these outstanding balances (unless other arrangements have been made) or they can be subject to interest and penalties on that outstanding balance.

COLLECTIONS PROCESS

When all efforts to collect an outstanding patient balance have been exhausted, accounts may be turned over to a collections agency. If this occurs, the collection agency becomes the primary way a patient can clear any outstanding balance. Please be advised that collection agencies have the authority to impose long-term, financial ramifications on patients who do not settle outstanding balances.

CREDIT-CARD PAYMENT POLICY

In an effort to lower administrative costs associated with outstanding patient balances, **A Balanced Life LLC** provides all patients an opportunity to keep a major credit-card in their secured file, to be used exclusively by **A Balanced Life LLC** as the primary form of payment on outstanding balances that accrue as part of the treatment they are receiving. These charges are typically associated with under-collected copayments, coinsurances and/or deductibles.

In order to utilize this service, please place the requested credit-card information in the area below. *Outstanding balances will automatically be charged to the credit-card on file* and will be reflected on the monthly credit-card statement as paid to the company listed at the top of this document.

If the credit-card on file either expires or is declined during the credit-card transaction process, it will be the card-holder's responsibility to immediately advise **A Balanced Life LLC** and provide them with an alternate credit-card or another form of payment to clear the patient balance. $40.00 will be charged for payments declined at the time of collection, and full payment plus the service charge will be required prior to the next scheduled appointment.

CREDIT-CARD INFORMATION

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Credit-Card Number   Expiration Date   Security Code   Billing Zip Code

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Name as it Appears on Credit-Card   Relationship to Patient   Credit-Card Signature

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Billing Address Associated with this Credit Card

I have carefully read the above payment, patient balance and credit-card policies for this practice. My signature below confirms I understand them and agree to comply with them:

INFORMED CONSENT AND AGREEMENT TO TERMS AND CONDITIONS

I have carefully read the above payment, patient balance and credit-card policies for this practice. My signature below confirms I understand them and agree to comply with them:

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Printed Patient's Name   Date   Signature

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Card-holder’s Name   Date   Signature

if under 18, Parent/Guardian Signature is required:

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Printed Parent/Guardian Name   Date   Signature