Financial Agreement
for
HealthWise Clinic

Insurance:
We accept in office most insurance PPO plans. We may be listed as "in contract" with a plan that we do not accept in office and are for nursing facilities only. Please check with our front office staff to make sure we accept your plan in office. If you have a PCP listed on your insurance, it must be Dr. John Richardson. If it is not, we will not file to your insurance until we can verify that it has been changed. If your insurance is not a plan we accept in office, or your PCP is not Dr. John Richardson, payment in full is expected at each visit. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.

Patient payments:
All copayments and deductibles are to be paid at the time of service. This arrangement is part of your contract with your insurance company.

Registration:
All patients must complete our patient information form, which will be entered into our computer to maintain accurate information for proper billing. We must obtain your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.

Uninsured patients:
We offer a discount to our patients who do not have insurance. Please be advised that the discount is only good when the charges are paid in full at time of service. If any balance is not paid the full charge will be expected before the next visit.

Collections:
Any unpaid balances that have not been made satisfactory with a payment arrangement, may be placed with an external collection agency. You will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting account balances, and possibly including reasonable attorney's fees if so, incurred during collection efforts.

In order for HealthWise Clinic or their designated external collection agency to service my account, and where not prohibited by applicable law, HealthWise Clinic and the designated external collections agency are authorized to contact patients by telephone at the telephone number(s) that are provide, including wireless telephone numbers, which could result in charges, contact by sending text messages(message and data rates may apply) or emails, using any email address provided and methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

FINANCIAL RESPONSIBILITY STATEMENT:

I understand that I am responsible for deductible amount, copay, and/or coinsurance payments at the time services are rendered. I also understand that if my services are not covered by my insurance, I will be responsible for any remaining balances. If I do not have insurance and I am private pay, I understand that I am responsible for payment at the time services are rendered.

Signature: _____ Date: _____