

Financial Agreement

We would like to thank you for choosing RejuVeination. We make every effort to keep you informed of your financial responsibilities and available options. Please review our Financial Policy outlined below regarding your obligations as a RejuVeination patient.

No Insurance: Payment will be due at the time of service.

Insurance: While your insurance policy is a contract between you, your employer and the insurance company, we will gladly file your claims on your behalf. In exchange for this service we request that you assign insurance benefits to be paid directly to the healthcare provider for all services rendered at RejuVeination.

Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting periods, etc. is entirely your responsibility. Although we may estimate your insurance benefits, we are not responsible for their accuracy. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate. All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all the services we provide are covered benefits. **Fees for non-covered services, along with deductibles and copayments, are due at the time of treatment.**

Patients may incur, and are responsible for the payment of additional charges at the discretion of RejuVeination. These charges may include, but are not limited to:

- Compression Stockings Small-Large (Short/Long) \$40; Extra Large (Short/Long) \$65
- Charge for returned checks \$30.
- Charge for missed *Procedures* that are not rescheduled will be billed a \$100.00 fee.
- Charge for any procedure that is rescheduled within 72 hours of the original date of service will be billed a \$100.00 fee.
- Any costs associated with collection of patient balances

For questions regarding your out of pocket responsibilities, your insurance company can provide you an Explanation of Benefits outlining payments and patients balances, and can give you very detailed information regarding your benefits. Some questions to ask are:

- What is my deductible amount and how much has been met?
- What is my coinsurance percent?
- What is my yearly out of pocket, does that include my deductible and how much of that has been met?

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services or as the responsible party for minor patients, and that it is my responsibility to know the terms of my insurance.

PATIENT SIGNATURE

DATE