

FINANCIAL PAGE

1. **PAYMENT** is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, payment in full is expected at the time of your visit. We do ask for a copy of an ID card as well, and this will be kept in the client file.

2. **OUTSTANDING ACCOUNTS** need to go through the Office Manager. Unwillingness to keep your account current could result in the termination of services and be turned over to a collection agency.

_____ (INITIALS)

3. **INSURANCE** We are participating providers with several insurance plans, and will bill your insurance after the service is rendered. A list of these insurance plans is available upon request. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period, you will be billed. If the balance on the account remains and no payments have been made then services will be terminated until account can be satisfied. If we later receive payment from your insurer, we will refund any overpayment to you.

4. **RETURNED CHECKS** will incur a \$35.00 service charge. You will be asked to pay the payment plus the \$35.00 service charge immediately. All bad checks written to this office are subject to collections and will be prosecuted in Spokane County.

5. **ACCOUNTING PRINCIPALS** Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

6. **CREDIT CARD POLICY:** A credit card will be saved on file in the event of a missed co-payment unless prior arrangement has been made. (INITIALS)

7. **BILLING OFFICE:** If you have questions in regard to any of the above or billing questions please contact Karen Larkin Packwood at (509) 951-2210.

CLIENT SIGNATURE, _____ **DATE,** _____

If the client is under the age of 18 then please fill out underneath portion as well.

NAME OF THE RESPONSIBLE PARTY _____

SIGNATURE OF RESPONSIBLE PARTY _____

RELATIONSHIP TO THE CLIENT _____ **DATE,** _____