



Financial Responsibility Form

Thank You for choosing Healing Lakes Chiropractic, LLC as your healthcare provider. The medical services you seek imply a financial responsibility on your part. This responsibility obligates you to ensure payment in full for the services you receive. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. If someone else is financially responsible for expenses or carries your insurance, please share this policy with them. By signing below you agree:

1. You are ultimately responsible for all payment obligations arising out of your treatment of care and guarantee payment for these services. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier, which are not otherwise covered by supplemental insurance.
2. You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a Primary Care Physician (PCP) before receiving services at Healing Lakes Chiropractic, LLC, and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that the services you received at Healing Lakes Chiropractic, LLC are not covered by your insurance plan; (iv) your health plan coverage has lapsed or expired at the time you received services at Healing Lakes Chiropractic, LLC; (v) you have chosen not to use your health plan coverage; (vi) you have not selected a Primary Care Physician and your claims are denied. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.
3. You will be required to follow all registration procedures, which may include updating or verifying personal information, presenting verification of current insurance and paying any co-pays or other patient responsibility amount at each visit. Your card or other insurance verification must be on file for your insurance to be billed. If we do not have your card on file, or are unable to verify your eligibility for benefits, you will be treated as a self-pay patient. As a self-pay patient, our fee is expected to be paid in full at the

time of service. If the insurance card or other necessary information is furnished after the visit, we may file a claim with your insurance; and, if paid in full by your insurance, you will be reimbursed. If you are not prepared to make your co-pay or other patient responsibility amount, your visit may be rescheduled by Healing Lakes Chiropractic, LLC.

4. We may verify your insurance benefits or submit your claim to your insurance carrier as a courtesy to you. You agree to facilitate payment of claims by contacting your insurance carrier when necessary. Without waiving any obligation to pay, you assign to Healing Lakes Chiropractic, LLC, for application onto your bill for services, all of your rights and claims for the medical benefits to which you, or your dependents are entitled, under any federal or state healthcare plan, insurance policy, any managed care arrangements or other similar third-party payor arrangement that covers health care costs and for which payment may be available to cover the cost of the services provided to you. You authorize Healing Lakes Chiropractic, LLC and associated physicians and staff to release patient information acquired in the course of your examination and/or treatment including but not limited to any and all medical records, notes, test results, x-rays reports, MRI reports or other documents related to your treatment (including itemization of any charges and payment on your account) that is deemed necessary to process this claim to the necessary insurance companies, third party payors, and/or other physicians or health care entities as they require to participate in your care. It is important to notify us as soon as possible of any changes related to your insurance coverage. Failing to do so may result in unpaid claims, and you will be responsible for the balance of the claim. Healing Lakes Chiropractic, LLC does not accept responsibility for incorrect information given by you or your insurance carrier regarding your insurance benefits for benefit plan.
5. If your insurance carrier does not remit timely payment on your claim, you will be responsible for payment of the charges within the terms set forth herein. Once your insurance carrier processes your claim, we will bill you for any remaining patient responsibility deemed by your insurance carrier. If any payment is made directly to you for services billed by us, you agree to promptly submit payment to Healing Lakes Chiropractic, LLC until your patient account is paid in full. If you make a payment that results in a surplus on your account, you authorize Healing Lakes Chiropractic, LLC to apply the overpayment to any other account for which you are financially responsible, including your account, a member of your family's or dependent's account, or on any account for which you are a Financially Responsible Party, and any remaining balance will be returned to the payor.

6. You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You may generally expect this billing statement within twenty (20) days after your insurance company has responded to a submitted claim. You must notify us of any errors or objections to the billing statement within thirty (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If there is a problem with your account, it is your responsibility to contact the office to address the problem or to discuss a workable solution.
7. Whether or not you have insurance or are self-pay, payment of any account balance is due at our office within thirty days (30) of receipt of your billing statement. If any balance on your account is over ninety (90) days past due, your account will be in default and auto referred to a collection agency. The balance of any account not paid within thirty-five (35) days will be reviewed and we may not book additional visits until the balance is paid in full.
8. We accept payment by check, cash, debit cards or credit cards (Visa, MasterCard, Discover or American Express)
 - a. **Payment by check:** If payment is made by check and it is returned or declined for any reason, your account will be charged a surcharge of \$40.00. We will also require another form of payment in the future if three (3) or more checks are returned in one year.
 - b. **Payment by Credit Card:** When you pay by Credit card you understand that you are responsible for all charges for services that you receive from Healing Lakes Chiropractic, LLC and the patient responsibility portion of your charges (including charges applied to your deductible and/or co-insurance).
9. **Medicare and Medicaid:** are not accepted by Healing lakes Chiropractic, LLC. Medicare and Medicaid clients will have to pay by cash, check or CC.
10. **Workers' Compensation Cases:** Charges for services incurred as a result of a verified work-related injury will be treated as workers' compensation, and we will bill the workers' compensation carrier as a courtesy. You must provide necessary information to bill the carrier. You are responsible for the completion of information with the employer and approval of the workers' compensation claim. In case your workers' compensation claim is denied, you will also provide us with your medical insurance information. If your claim is denied, we will bill your regular medical insurance carrier. When the claim is no longer pending and any portion of your claim is ultimately resolved against you by

worker's compensation and your medical insurance, you will be required to pay all amounts due within thirty (30) days.

11. **Third Party Liability Injuries:** If you receive treatment as a result of a third party liability injury (for example: motor vehicle, motorcycle, premises liability, or general liability claims against a third party), the balance for services rendered is considered due in full at the time of the service. Because Healing Lakes Chiropractic, LLC does not protect charges incurred relating to or arising out of third party liability, we will not accept a delay in payment due to settlement disputes and/or litigation. We will not accept a letter of protection for an attorney as a guarantee of payment or assignment of third party insurance payments. Healing Lakes Chiropractic, LLC cannot act as administrator to resolve financial arrangements. We may agree to bill a third party insurance company of an at-fault party involved in an accident as a courtesy to you. To bill your claim directly, you must provide us all necessary information to confirm coverage for these payments with the auto/third-party carrier. We will also collect information about your personal medical insurance in case the auto/third-party carrier denies your claim. Regardless of whether we submit your claim to third-party insurance, as the patient, you are ultimately responsible for payment.

12. **Additional Charges:** Patients may incur and are responsible for the payment of additional charges at the discretion of Healing Lakes Chiropractic, LLC including but not limited to: (i) charges for returned checks; (ii) charges for a missed appointment without 3 hours advance notice; (iii) charges for extensive phone consultations; (iv) charges for copying and distribution of patient medical records; (v) charges for extensive forms preparation or completion; or (vi) any costs associated with collection of patient balances, all as allowed by law.

13. **Non-payment on Account:** Should collection proceedings or other legal action become necessary to collect an overdue or delinquent account, you understand that Healing Lakes Chiropractic, LLC has the right to disclose to an outside collection agency or attorney all relevant personal and account collection including, but not limited to: (i) late fees and charges and interest due as a result of such delinquency; (ii) all court costs and fees (but only to the extent allowed by law); and (iii) a collection fee to be charged under separate agreement with a third-party collections agency, either as a flat fee or computed as a percentage of the total balance due up to the maximum allowed by applicable law, and to be added to the outstanding balance due and owing at the time of the referral to the third-party collection agency. You acknowledge that any such interest assessed on the account will be a late fee as the result of default or delinquency on your account, and is not deemed interest as a part of a credit transaction. If your account is referred to a

collection agency, attorney, court, or the past due status is reported to a credit reporting agency, it may have an adverse effect on your credit history; and related portions of your account, including the fact that you received treatment at our offices, may become a matter of public record. Failure to comply with any of these policies may also result in a withdrawal of care.

14. **Minor Patients:** The parent/guardian of a minor is responsible for payment of the minors account balance. A minor who is not accompanied by a parent/guardian will be denied any non-emergency treatment unless charges for the treatment have been pre-authorized. Responsibility for payment of treatment of minor children, whose parents are divorced, rests with both parents. Any court-ordered responsibility judgment must be determined between the individuals involved, without the inclusion of Healing Lakes Chiropractic, LLC.

15. **Authorization to Contact:** You authorize Healing Lakes Chiropractic, LLC personnel to communicate by mail, answering machine messages, and/or text and e-mail according to the information provided in your patient registration information. Healing Lakes Chiropractic, LLC, or any agent or servicer of your patient account, may use any information you have provided, including contact information, e-mail addresses, cell phone numbers, and landline numbers, to contact you for purposes related to your account, including debt collection. You authorize Healing Lakes Chiropractic, LLC to use this information in any manner consistent with the information you have provided, including mail, telephone calls, e-mails, or text messages. You expressly consent to any such contact being made by the most efficient technology available, including automatic dialing/e-mailing or similar equipment, or pre-recorded or other messages, even if you are charged for the contact.

16. **Financial Responsibility Party:** If this or a separate Healing Lakes Chiropractic, LLC financial responsibility statement is signed by another person, on your account, then that co-signature remains in effect until canceled in writing. Cancellation in writing shall become effective the date after receipt, and shall apply hereby guarantee the full and prompt payment to Healing Lakes Chiropractic, LLC of all indebtedness of patient to Healing Lakes Chiropractic, LLC, whether now existing or hereafter created (in quote indebtedness); and you further agree to pay all expenses, legal or otherwise, incurred by Healing Lakes Chiropractic, LLC in collecting the indebtedness, in enforcing this guarantee, or in protecting its rights under this guarantee or under any other document evidencing or securing any of the debtedness. This guarantee shall be a continuing, absolute and unconditional guarantee, and shall remain in force and effect until any and all said indebtedness shall be fully paid. There shall be no obligation on the part of

Healing Lakes Chiropractic, LLC at any time to first exhaust its remedies against the patient, and any other party, or any other rights before enforcing the obligations of the financially responsible party.

Acknowledgement

By signing below, each of the undersigned acknowledges that: (i) I have been provided a copy of the Healing Lakes Chiropractic, LLC PATIENT FINANCIAL RESPONSIBILITY STATEMENT; (ii) I have read, understand, and agree to their provisions and agree to the specified terms; (iii) I agree to pay all charges due (or to become due) to Healing Lakes Chiropractic, LLC for the below Patient's care and treatment, including copayments and deductibles, as required or provided pursuant to my insurance plan and/or the insurance plan of another, as applicable; (iv) benefits, if any, paid by a third-party will be credited on the Patient account; (v) regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; (vi) if I failed to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting the money owed, including court costs, collection agency fees, and attorney's fees (to the extent allowed by law); and (vii) failure to pay when due may subject me to late payments charges and can adversely affect my credit report.

I further agree that a photocopy of this Patient Responsibility Financial Statement shall be as valid as the original.

Name (print): _____

Signed: _____ Date: _____