



Vitality Natural Medicine, PC

Financial Policy

Thank you for choosing Vitality Natural Medicine as your health care provider. We are committed to the successful treatment of your condition. Payment of your bill is considered part of your treatment and a clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities.

Changes:

It is your responsibility to notify our office of any patient information changes such as name, address, phone number, email, insurance information, etc.

Co-pays:

If you have a co-pay, you are responsible for remitting payment at the time of service. We accept cash, check, and credit cards.

Insurance:

Vitality Natural Medicine participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify that we participate with your plan. We will bill your insurance company and any secondary insurance company as a courtesy to you with a copy of your current insurance card. If we are unable to verify your insurance or you do not present with the correct insurance information you will be responsible for any and all charges incurred.

Paperwork Fee:

For patients that require help with paperwork requests such as physical forms, workplace notices, etc. that are separate from a scheduled office visit, Vitality Natural Medicine may charge a fee of \$35.

Missed Appointments:

We will make every effort to give you a reminder at least 48 hours in advance prior to your appointment; however it is your responsibility to remember the appointment. Vitality Natural Medicine requires a 24 hour notice for an appointment cancellation. Appointments that are missed and not previously canceled may be charged a 'No Show' fee of \$50.

Self-Pay Patients:

Payment is due in full for all self-pay patients. Vitality Natural Medicine offers a 35% same day discount for paying in full at the time of service. To initiate medical services, a payment of \$20 will be collected at check-in. Charges will accrue during the visit and a final amount will be provided, which will be collected at check-out.

Delinquent Accounts:



If you are not able to make payments as agreed and your account becomes delinquent, referral to a collection agency is our next step. If your account is referred for collections, the collection fee, approximately 35% of the outstanding balance and any attorney fees will be added to the balance due. Delinquent accounts are subject to dismissal from our practice. Personal checks that are returned from our bank for non-sufficient funds will be charged a \$35 returned check fee.

Other Healthcare Providers:

Certain services we provide will generate bills from other healthcare facilities/providers, such as pathologists and/or reference laboratories. These bills are separate from our office and are your responsibility.

Authorization to Release Information:

In obtaining payment for services, I authorize my healthcare provider, Vitality Natural Medicine, to furnish information from my medical record to any company that may be responsible for payment of all or part of my provider charges, including but not limited to: my insurance companies and their representatives, and my employer or union if they are involved in processing the claim. For further information regarding disclosure of health information, please refer to the Notice of Privacy Practices available in our office. If I have been referred by, or am referred to another healthcare provider, I authorize Vitality Natural Medicine, to release my medical information to this provider for continuing care.

By signing below, you have read, fully understand, and agree to this Financial Policy. You understand that you are financially responsible for all charges incurred for your medical treatment. Also, you have received and reviewed a copy of your physician's Notice of Privacy Practices.

Patient Signature or Authorized Signature

Relationship to Patient

Printed Name of Patient

____/____/____
Date of Birth

____/____/____
Date