

Financial Agreement

Patient Name: _____

DOB: _____

You are ultimately responsible for paying for the care you receive from Roots for Health, PLLC. **You are responsible for any balance on your account regardless of insurance coverage.**

If you are insured by a company with which we have contracts, (for example Blue Cross/ Blue Shield plans, First choice, Aetna, etc.) then PLEASE NOTE THE FOLLOWING:

Roots for Health, PLLC participates with a wide variety of insurance plans. All plans have different coverage schemes and it is up to you to:

- Bring your insurance card to every visit.
- Pay your co-pay at each visit if you have one.
- Know whether your plan covers services provided by Roots for Health, PLLC.
- Know whether you need a written referral to be seen and when it needs to be renewed.
- Roots for Health, PLLC will submit the bill to your insurance company.

If you are insured by a company which Roots for Health, PLLC physicians are **not** participating with, and you have no “out of network” benefits on your policy, or if you have no insurance, then PLEASE NOTE THE FOLLOWING:

The responsibility for payment is yours at the time of the visit.

(You can contact your insurance to verify if your provider is a participating provider)

In all cases, if your insurance has been billed and has not responded within 90 days of the billing date, we will look to you for payment of the bill and will issue a prompt refund when the insurance company finally processes the claim. *Note: Most insurance companies pay us within 30-45 days.*

Other:

- Checks returned for insufficient funds will result in an immediate \$25 charge against your account.
- There is a \$50 minimum charge for missing an appointment without canceling 24 hours or more in advance.
- Questions about your account can be answered by our billing department. Arrangements can also be made for a payment plan, if the payment of the entire bill all at once is a hardship. Payment plans generally do not span more than 90 days and must be coordinated with the billing department.
- **If your account balance is more than 90 days past due and you have not agreed to an acceptable payment plan with the billing department, your account will be escalated to the advanced recovery unit and may to be turned over to a collection agency.**
- A 1% fee will be charged for any balances over 60 days.

I have read and understand this policy. A copy will be kept in my chart and a copy has been offered for me to keep.

Signed _____ Date: _____