Patient Name:

ACKNOWLEDGEMENT OF PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing New Life Clinic. The following is a statement of our financial and no-show policy. All patients must agree to our financial policy before receiving treatment.

PAYMENT OF SERVICES

We accept cash, personal checks, and all major credit/debit cards. Accounts not paid in full within 60 days are considered past due and a finance charge will be applied. All NSF checks will be subject to an administrative fee. If you are unable to pay at the time of service or upon receipt of a statement, arrangements for a payment plan must be made with our billing staff. It is your responsibility to contact us to discuss potential eligibility for other financial assistance programs based on stipulated income requirements. We reserve the right to forward your account to a collection agency if it is determined to be uncollectible. Accounts subject to additional collection efforts will result in the responsible party and associated family members having medical services suspend and subject to termination from the practice.

PATIENTS WITH MEDICAL INSURANCE COVERAGE

As a courtesy, we will submit medical claims to your insurance company (if applicable) providing we have been given current and accurate health insurance information by the patient. Your insurance policy is a contract between you and your insurance company, and it is your responsibility to know the details of your insurance plan. Not all services are covered benefits of all plans. Many plans require you to use certain hospitals, providers or labs and may require pre-certification or referrals to another facility. We are not responsible for such information- you must know what your plans will permit as part of payment. *Any balance after processing our claim by your carrier will be your responsibility.* Most insurances have timely filing limits. If the timely filing limit has been exceeded because of your failure to provide accurate insurance information, you will be responsible for ALL incurred charges. Presentation of your insurance card will be expected at each appointment. All copayments are due PRIOR to treatment.

PATIENTS WITHOUT MEDICAL INSURANCE COVERAGE

If you are not covered under a health insurance plan, payment in full is expected at the time of service. If you are unable to remit payment in full, you will be required to speak with our revenue recovery specialist to make alternate payment arrangements at that time.

PATIENTS CLAIMING WORKMAN'S COMPENSATION/THIRD PARTY LIABILITY (i.e., auto accidents)

As a courtesy, we will file claims with your workman's compensation carrier provided all billing information is provided accurately. If the information provided is incomplete or inaccurate, you will be responsible for all incurred charges. New Life Clinic is not contractually obligated to file claims with third part carriers. Patients will be responsible for all charges of service.

COURT ORDERS REGARDING DEPENDENT CARE/MEDICAL BILLS

Court orders regarding medical expenses are between the persons listed in the court order and NOT New Life Clinic. The custodial parent/guardian is responsible for all payments.

NO SHOW POLICY

The purpose of our no-show policy is to assure patients have access to care when needed by maximizing the utilization of available appointments. Please call our office 24 hours in advance to cancel your appointment. Missed appointments without notification are considered "NO SHOW" appointments. There will be a $50.00 fee assessed which will need to be paid in full prior to scheduling any further appointments. If you 'no show' more than three times in one year, it will result in your account being subject to termination of our services.

Patient's Name: ______________________________ **Date of Birth:** ____________________

(Please Print)

Responsible Party's Signature: ______________________________ **Relationship to Patient:** ____________