

**Health180**  
**Financial Policy**

***We are doing everything possible to keep down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our financial policy.***

**ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE (except for Massage)**

Payment is required at the time services are rendered. This includes applicable coinsurance, copayments and deductibles for participating insurance companies, and payment for all products. Health180 accepts cash, personal checks, VISA, and MasterCard. There is a \$20.00 service charge for returned checks. \_\_\_\_\_

**MASSAGE PAYMENTS**

Payment for all massages are due at the time your appointment is booked. If you miss the appointment and do not call the same day the payment is applied as the no show fee of \$65.00. \_\_\_\_\_

**INSURANCE**

Patients are required to present their current insurance card(s) at their first appointment. In order to properly bill your insurance company(s), we require that you disclose all insurance information and any changes to your information. **Failure to provide complete insurance information may result in patient responsibility for the entire bill.** We bill participating insurance companies as a courtesy to you. You are expected to pay your coinsurance and copayments at the time of service. Every attempt will be made to collect payment from your insurance company; however, if your insurance company refuses payment, **you are responsible for all charges you incur at Health180.** \_\_\_\_\_

**REFUNDS**

Overpayments for services will be refunded upon written request to the responsible party within 30 days. **All products or remedies purchased must be returned UNOPENED and UNDAMAGED within 30 days for full credit. After 30 days, the client is responsible for the product, and no credit will be issued.** Our office does not give cash back or monetary refunds for products. We accept items meeting the abovementioned criteria for **exchanges only.** Your account will be credited for the amount that you paid us and that credit can be used towards services or products of your choice. \_\_\_\_\_

**MISSED APPOINTMENTS/LATE CANCELLATIONS**

We use ReRemind to notify you via text, phone call or email of your appointments. Please notify the front desk if you have a preferred confirmation method. To confirm a phone call reminder, press 1. To confirm a text message reminder, reply with the numeric confirmation code supplied in the text message. To confirm an email reminder, click the provided confirmation link. **If you need to cancel/reschedule your appointment, call our office. You cannot cancel/reschedule via email or text message.** Cancellation notice is required **24 hours** prior to the appointment. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We charge for missed or late-cancelled appointments at a rate of **\$50.00** per missed appointment. For clients who frequently cancel their appointments and currently reserve a standing appointment, we have the right to give your future appointments to other clients without prior notification. Excessive abuse of scheduled appointments may result in discharge from the practice. \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have read and understand the Health180 Financial Policy.

Signature of Client or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this agreement will be provided to any patient upon his/her request.***