

Patient Financial Responsibility Consent Form

Welcome to Health Sphere Wellness Center. Please read carefully this important information about your responsibility for payment for your care and services.

The providers of Health Sphere Wellness Center (HSWC) are participating providers with most insurance companies. However, our list of accepted insurances is subject to change at any time and not all plans under all companies are accepted. In order to avoid unexpected charges, please confirm that your particular health benefit plan is accepted by HSWC. You should reach out to your carrier when you initiate care here to familiarize yourself with the limits of your policy and what will and will not provide coverage for. We do our best to guide patients through this process, but ultimately it is impossible for us to keep abreast of the requirements in the thousands of insurance products on the market. It is an individual patient responsibility to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly.

Please be aware that, except as contractually agreed otherwise by HSWC, patients are ultimately responsible for insuring payment for all medical services provided. If a carrier denies payment for services because a plan requirement was not met, services were considered "non-covered", the plan benefits were exceeded, care is considered medical unnecessary, or treatment is considered experimental, among other reasons, patients will be held accountable for those charges.

Although HSWC will submit a claim to insurance for our patients, if your insurance requires you to pay a co-payment and/or deductible, you will be required to pay that portion of the cost at the time of service. We will ask you for payment at the time of check in and registration. If you do not pay your co-payment at the time of service, we will bill you for this.

Please bring/have your insurance card with you each visit and notify our staff of any changes in your coverage. All patient accounts are to be paid at the time of service. We will ask you for payment on any outstanding balances. HSWC accepts cash, checks and major credit cards. Checks that are returned to HSWC for insufficient funds will be assessed an additional \$25 NSF fee. Financial problems should not be a deterrent to obtaining medical care. If you require special arrangements, please speak to the office personnel and our billing office.

OTHER FEES NOT COVERED BY INSURANCE:

Appointment Cancellations: When you make an appointment, we reserve time specifically for you. Unfortunately, when a patient does not show for their scheduled appointment, another patient loses an opportunity to be seen. Therefore, if you need to cancel or re-schedule, you are asked to notify us as soon as possible, by no later than 24 hours in advance. Appointments cancelled without 24 hours' notice may be assessed a cancellation fee of \$25. Habitually cancelling your appointments may cause us to ask you to find another provider for your therapy needs.

Copies of Medical Records: As a patient, you have the right to a copy of HSWC's, medical record on you. Our office charges a fee of .75 cents per page for these records. The fee must be paid prior to the disclosure of the request.

BILLING QUESTIONS:

Health Sphere Wellness Center is contracted with Superior Medical Billing Solutions for billing and collection services as an extension of our organization. Billing questions and concerns

should be directed to their office at 1-888-520-9330. When you receive a statement from HSWC and have questions about your account, you can call the toll free number listed at the top of the statement which will direct you to Superior. They will be happy to answer your questions or concerns. Failure to pay your balance due to HSWC may precipitate us to refer delinquent balances to an outstanding third party collection agency. Referring your delinquent balance may affect your credit rating.

The providers and staff at Health Sphere Wellness Center are committed to excellence in customer service and quality care of our patients. Feel free to contact our office for questions or concerns.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Relationship to Patient