



FINANCIAL AGREEMENT

Forever Young Health & Wellness relies on open communication with our patients regarding our financial policy and will assist in providing the best service to you.

Please select from the following payment choices:

_____ Self-Pay – I agree to pay my balance in full at the time of service.

_____ Private Insurance – FYHW will bill your primary insurance.

INSURANCE BILLING

As an extended service to you, a claim will be filed with your primary insurance carrier for every service you receive at Forever Young Health & Wellness. Although we are happy to assist you in filing a claim with your insurance carrier, it is important for you to remember that you are the insured. You, or your employer, have selected the carrier and your coverage. Forever Young strongly encourages you to question your insurance carrier regarding delays in payment and/or the amounts paid.

We will make every effort to follow up on the claims we have filed on your behalf, but we cannot accept the responsibility for misquoted benefits, insufficient coverage or slow payment.

In assisting you to file your insurance claims, we will need complete and accurate information. If for any reason, your insurance coverage should change, please inform us immediately so that FYHW may make the appropriate changes to your account.

PAYMENTS

Please be aware that Forever Young Health & Wellness requires payment for all co-pays, deductibles, coinsurances, and supplies that your insurance will not cover at the time of service, unless other arrangements have been made with our facility. As we receive payments or notifications from your insurance company, we will present you with a statement. Payment of this/any outstanding balance will be due no later than 30 days from the date of statement. In the event that your account becomes delinquent and is therefore in default of payment, you will be responsible

for the principal amount owed and all reasonable costs associated with the collection of this debt, including: collection service fees, attorney's fees, court costs, and additional legal expenses associated with the recovery of the debt.

Please contact us at any time with any questions regarding your account and/or balance.

Patient Signature

Date