

INDIGO FOUNTAIN
OUR FINANCIAL POLICY

Thank you for choosing **INDIGO FOUNTAIN** as part of your health care providers. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the Licensed Massage Practitioner.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT **cash, check, credit cards and domestic money orders.**

Regarding Insurance

We may accept assignment of insurance benefits after your second visit. However, we do require \$20 of the bill to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. If you're insurance company has not paid your account in full within 45 days, the balance will be automatically be transferred to your credit card or the extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph. Any coupons offered by Indigo Fountain do not apply to insurance claims.

No Insurance visits

Any patient who does not have an insurance carrier to bill for their office visits will be given a 40% discount on their total visit cost when payment is made at the time of service. If you wish to have us bill you for your balance due the discounted amount will not be an offered benefit. What is the 40%? This amount covers administrative costs and office overhead when billing out service dates to either patients or insurance companies.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service has been verified.

Missed appointments

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$25 for a weekday appointment and the full cost of a normal office visit for a Saturday appointment. Please help us serve you better by keeping scheduled appointments.

Interest

We reserve the right to charge interest in the amount of 1.5% as provide by state law.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient or Responsible Party

X _____ Date _____
Signature of Co-Responsible Party