



## FINANCIAL POLICY

Thank you for choosing WesterWell as your specialty healthcare providers. We are committed to providing you with the best available medical care. In our ongoing process to make sure all of your medical needs are met; our staff will be available to discuss our fees and this policy with you. The services you have elected to participate in imply a financial responsibility on your part.

Payments for all services will be due at the time services are rendered. In order to better serve you, we accept cash, check, Visa, MasterCard, Discover and American Express. As a courtesy to you, we will verify your coverage and bill your insurance carrier on our behalf; however, you are ultimately responsible for the entire bill. As the responsible party, please understand:

### (PLEASE INITIAL THE FOLLOWING)

\_\_\_\_ Your insurance policy is a contract between you, your employer (if applicable) and your insurance provider. WesterWell is a party to that contract. Our relationship is with you, not your insurance provider. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance or "usual and customary" charges. As your medical provider, we will only supply factual information to facilitate claims processing.

\_\_\_\_ Fees for services, which include unpaid balances, deductibles, co-payments and coinsurance, are due at the time of service. I understand and agree if I fail to make payments for which I am responsible within three statement billing cycles, after such default and upon referral to a collection agency or attorney by WesterWell, I will be responsible for all costs of collecting monies owed including collection agency fees.

\_\_\_\_ All charges are my responsibility. If my insurance carrier does not remit payment within sixty days, the balance may be due in full from me. If any payment is made directly to me for services billed by WesterWell, I recognize an obligation to promptly remit payment to WesterWell.

\_\_\_\_ I understand should I incur a balance that I am unable to pay within three billing cycles, I am required to contact WesterWell to set up a payment plan.

\_\_\_\_ Completion of disability and/or FMLA forms are not billable/reimbursable by insurance carriers, therefore, fees are my responsibility for payment. WesterWell fees related to completion of these documents are expected to be paid upon presentation of forms for completion.

\_\_\_\_ Returned checks and unpaid balances may be subject to collection placement and a collection fee of twenty percent (20%) for first placement and forty percent (40%) if legal action is required. I will be responsible for all costs of collecting monies owed including processing fees.

\_\_\_\_ WesterWell utilizes the services of Physician Assistants/Nurse Practitioners for all medical services, including surgical procedures. We will bill your insurance for these services; however, should your insurance deny the charges as non-covered you will be held ultimately responsible.

We understand financial problems may affect timely payment, so we encourage you to communicate any such problems, so we may assist you in keeping your account in good standing.

Printed Name of Patient: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_