ELIXIA
wellness group

Financial responsibility and Assignment of benefits

Please sign at the bottom after you have read and understood each statement.

Insurance - We verify insurance; however we do not guarantee coverage based on our findings. It is your responsibility to know the benefits and limitations of your own insurance plan. We cannot guarantee that all services billed will be covered as quoted, all plans have specific exclusions based on medical necessity which we cannot always determine until the claim is processed by your insurance carrier.

To authorize my insurance carrier to provide timely and accurate payment to Elixia for any services furnished the patient agrees:

- I certify that the insurance information that I have provided is accurate, complete and current, and that no other coverage or insurance exists.
- I assign the right to receive payment of authorized benefits to Elixia.
- I request that payment of authorized benefits be made on my behalf to Elixia for any services furnished for patient listed by Elixia's physicians and health care providers.
- I authorize Elixia to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided.
- If my Health Insurance Plan will not direct payment to Elixia, I agree to forward to Elixia all health insurance payments which I receive for the services rendered by Elixia and its health care providers.
- I authorize Elixia, holder of medical information about me or the patient listed, to release to my Health Insurance Plan any information needed to determine these benefits, or the benefits payable for related services.

I further acknowledge and agree:

- That I am responsible for all charges for services provided to the patient listed which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- That I agree to pay all charges which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan after review of the claim.
- I further agree that, if permissible by law, I will reimburse Elixia for all costs, expenses and attorney's fees that may be incurred by Elixia to collect those charges.
- That this financial form with assignment of benefits applies and extends to subsequent visits and appointments at Elixia.

Out of Pocket- If your visit will not be covered by an insurance plan, or if you fail to provide proof of insurance, **payment in full is expected at each visit.** Either a 20% discount or a pre-discounted rate based on the provider will be offered. This **does not apply** to supplements, diagnostics, and may not apply to IV or injection therapies.

Returned Checks. If your check is returned, there will be a $25.00 Returned Check fee added to your account, in addition to the amount of the check. 12% collection charge per month will be added for non-payment.

Patient Billing. All bills are due within 30 days of billing. Any bills outstanding over 30 days may accrue finance charges and a billing fee of $1.50 for each billing cycle that the statement goes unpaid. Any accounts not paid within 90 days are subject to 12% finance charge and may be referred to an outside collection agency. By signing this agreement you also authorize the office to release information needed to secure payment.

I have read and understand the policies and agree to abide by the guidelines and assume responsibility for any charges not paid or deemed "non-covered' by my carrier.

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Signature of patient or responsible party **Date**