



Financial Policies

Payment for Service: I understand I am responsible for paying the full amount for all services on the day of service, unless the physician or Practice has an agreement with my insurance carrier. If I am insured, I authorize the Practice to release all information necessary to secure payment. I further understand my share of the cost of the services, e.g., co-payments, co-insurance, and deductibles, will be collected upon check-out.

Insurance Claims: Rejuvinix will file insurance claims with your insurance carrier. Your medical insurance carrier may pay less than the actual bill for services, so you may be responsible for payment of all services rendered. You are responsible for making available complete insurance information for accurate filing of claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. It is your responsibility to know and understand your medical insurance coverage. Not all services are a covered benefit in all contracts. Additionally, some services we provide will be billed separately for the office visit and may require a separate co-pay or be applied to your co-insurance/deductible. Please call your insurance company to verify your benefits. You will be responsible for all fees not paid by your insurance company.

Referrals and Authorizations: As a specialist, some insurance companies require that prior to any visit you must obtain an authorization or referral from your primary care physician. It is your responsibility to know if this is required by your insurance and, if so, to obtain the referral. If your insurance company rejects a claim because a valid authorization or referral was not in place, the full cost of the visit will be your responsibility.

Workers Compensation: We require the workers compensation carrier's name and address prior to your visit. If the information is not provided, you are responsible for paying the full amount for all services on the day of service. If your workers compensation claim is denied, you are responsible for all charges incurred.

Financial Assistance: For patients with financial need, we offer extended payment plans. Please ask to speak with one of our financial representative to discuss your options.

Unpaid Account Balances In the event that you fail to make payments for services rendered, your account may be turned over to a collection agency. You will be responsible to pay the collection agency's fees that may be incurred in the collection of any outstanding balance.

Agreement: I have read the above form and policies and agree to the terms stated.

Patient Name (Print): _____

Patient Signature: _____ Date: ____/____/____