



FINANCIAL/PAYMENT CONSENT

Dear Client,

WholePerson Therapeutics LLC is an approved provider for many insurance companies, to include Medicare. This means we bill your insurance for you, we agreed to the insurance rates, and your insurance will send your benefits directly to us. You agree to be responsible for any deductible, copayment or other charges, items or services denied by your insurance. If you have a supplemental insurance policy, we will also bill that carrier for you but not until after your primary, for example, Medicare, first sends us their portion of your benefits.

As an outpatient community office, doctor's orders or referrals are not required, however, if you are Medicare insured, and/or under a doctor's care, you are required to visit your referring doctor and to obtain a new order for your treatment every 30 days.

Some insurances will generally pay for a certain number of visits per diagnosis before they begin reviewing your claims for medical **necessity**. These limits are sufficient to treat many routine conditions. If you reach the limits in the general guidelines published by your insurance, and you, your therapist and your doctor all agree that it is necessary to continue treatment and complete your rehabilitation, at that time you will be required to sign your insurance or Medicare's Advance Beneficiary Notice so that we can make special financial arrangements with you. Please note, while secondary insurance policies often pay the 20% co-payment not covered by your primary insurance, such as Medicare, most supplemental insurance companies do not provide additional coverage beyond what Medicare deems medically necessary.

You understand that WholePerson Therapeutics LLC will not accept the responsibility for collecting your secondary or supplemental insurance claim. You are required to pay an office visit fee of \$85 per visit. WholePerson Therapeutics will not negotiate a settlement on your behalf if a dispute arises between you and your secondary insurance company. Should such a dispute occur, you agree to pay your outstanding balance to WholePerson Therapeutics LLC and then pursue reimbursement from your secondary insurance company thereafter.

In Addition, if you find that you are unable to keep an appointment, please notify us at least 24 hours in advance.

I have read, understand and agree to the above payment procedures. I have received a copy of this contract and agree that a photo static or facsimile copy of this document is as valid as the original.

Patient/Guarantor: _____
Print Name Sign Date