

## **ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

Thank you for choosing the House Clinic as your health care provider.

**We require every patient to read and sign the following agreement before provision of care. We are happy to answer questions about this policy. If you refuse to sign this agreement, services will not be provided.**

If you do not have health insurance or if the House Clinic is not contracted with your insurance plan, you will be required to pay all charges, in full, at the time of service.

Should you have health insurance, it is your responsibility to provide us with complete, accurate, and up-to-date information in order for us to successfully bill your insurance company. It is also your responsibility to obtain any authorization or pre certification required for insurance coverage before services are rendered.

It is your responsibility to understand your benefits. We encourage you to contact your health plan Member Services representative with questions about coverage, pre-authorization or pre-certification requirements and to ensure that such requirements were met, prior to receiving services from us. Ultimately, you are responsible for any charges incurred which were not authorized or certified by your health plan.

You understand and agree that it is your responsibility to pay applicable deductible, co-payments, co-insurance, and / or outstanding balances at the time of service.

**Your health plan may state it considers a proposed treatment not medically necessary, investigational or not proven medically effective, even though the House Clinic believes this is the best treatment for you. Should your health plan deny payment for such services provided to you by the House Clinic, you will be responsible for all charges, and there will be no contractual adjustment. If, for any reason, your health insurance does not pay for services rendered you understand that you are responsible for all charges and, by signing below, agree to pay upon receipt of a statement issued by House Clinic. If House Clinic does not receive your payment within 30 days, a monthly finance charge of 0.8333% per month will be applied.**

I understand that this the policy of House Clinic, which shall not change based on date of service, type of service, health plan or change of health plan coverage. I have read the policy and fully understand my responsibilities and obligations.

Patient Name (Print) \_\_\_\_\_

HEC Account # \_\_\_\_\_

Responsible Party Name (Print) \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_