



FINANCIAL POLICY AND PATIENT RESPONSIBILITY

PATIENTS WITH INSURANCE COVERAGE:

By signing this agreement, you are instructing your insurance company to make any payment for any reimbursable treatment, evaluation, diagnostic testing or durable medical equipment directly to Hopkins Health and Wellness Center. Your insurance policy is a contract between you and your insurance company. This office holds no party to that contract and will not be held responsible in the event that your insurance denies your claim.

FULL PAYMENT OF COPAY, CO-INSURANCE AND/OR DEDUCTIBLE AMOUNTS IS DUE AT DATE OF SERVICE.

ASSIGNMENT OF INSURANCE BENEFITS

In exchange for services and supplies rendered, I assign Hopkins Health and Wellness Center any insurance proceeds, including but not limited to health insurance, accident insurance, no-fault benefits and liability claim awards up to the amount of any unpaid balance on my account, including interest. In giving this assignment, I acknowledge that I will be responsible for any remaining balance due (with interest, if applicable).

RECORDS RELEASE AUTHORIZATION

I hereby authorize Hopkins Health and Wellness Center to release any information contained in my file to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred for services rendered to me by you or any staff member of Hopkins Health and Wellness Center.

INSURANCE FINANCIAL POLICY

I agree to pay any insurance deductible, coinsurance or co pay amount at the time of each visit.

I agree to pay for any nutritional supplements or durable medical equipment at the time of purchase. If my insurance company reimburses Hopkins Health and Wellness Center for any items purchased and paid for by me, Hopkins Health and Wellness Center will reimburse me for the same amount.

I understand that any insurance policy is a contract between my insurance company and me. If my insurance denies payment for any reason and/or my benefits are exhausted for any reason, I understand that I am responsible for payment in full of my account.

Signature _____ Date _____