PATIENT FINANCIAL AGREEMENT

Deductible/Co-Insurance: All applicable co-insurance and deductibles are due at the time of service. An estimate will be provided and payment is required before services are rendered. This does not constitute final payment and any additional balance due after the insurance claim is adjudicated will be due upon receipt of a bill. We accept cash, personal checks, and credit cards (Visa, Mastercard, Discover. For any questions regarding billing, please call (760)466-1548 or email billing@amcrclinic.com.

Co-Payments: Your insurance company requires us to collect co-payments at the time of service. Due to state and federal laws, co-payments will not be waived.

Payment Options: If you do not have insurance: payment is expected on the day treatment is rendered. If you do have insurance: you are responsible for any deductibles, coinsurance, and any out of pocket portions on the day that treatment is rendered.

Checks: Returned checks may be subject to a $30.00 fee.

Missed Appointments: Please note a $75.00 fee may be charged for a missed appointment or failure to cancel an appointment within 24 hours prior to scheduled appointment time. This fee will be billed directly to you.

Claims Submission: As a courtesy, Advanced Metabolic Care + Research will bill your insurance and one other insurance. A quote of benefits is not a guarantee of payment. We will submit your claims and assist you until your claim is resolved. Payment from your insurance company is expected within 30 days. After 30 days, we will look to you for full payment. You are responsible for all non-covered services according to your insurance company's guidelines. If we receive notification that you are not eligible for coverage or we are not contracted with your insurance, you will be responsible for all charges incurred and payment is due upon receipt of the bill. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request in a timely manner. You are responsible to provide a copy of your most recent insurance cards for all applicable health plans. All outstanding balances will be subject to a statement fee of $10.00. Additional statement fees will accrue for each subsequent thirty (30) day period of nonpayment. Accounts that are 90 days past due may be referred to a collection agency. Should the account be referred to an outside agency for collection or to an attorney, the undersigned shall pay reasonable collection expenses.

Form Fees: Any forms (DMV $65.00, Disability Forms $65.00, Unemployment Forms $65.00, School Forms $0.00-$30.00) that require a physician to review your chart and require an MD signature will have an applicable form fee charge.

Prescription Refills: If you have not been seen within the last 6 months, a follow up appointment will need to be scheduled to ensure proper treatment. Please contact your pharmacy for prescription refills.

Assignment of Benefits: Authorization is hereby granted to release information as may be necessary (in compliance with HIPAA guidelines) to process and complete my insurance claim and payment of medical benefit is to be paid directly to Advanced Metabolic Care + Research for all services rendered.

I have read and understand the above statements.

I agree to comply with the financial policies of Advanced Metabolic Care + Research and, I understand that I am financially responsible for payment of all medical services or treatment(s) administered with my account.

Patient or Guardian Signature: _____ Date: _____

Patient Name (please print): _____ Date of Birth: _____