

Pacific Water Therapy

Financial Agreement

I agree to pay for all services rendered. I agree to pay any and all amounts that my insurance company applies to any unmet deductible. If my insurance company requires a co-payment, I agree to pay it at the time of each appointment. If my insurance pays on a percentage basis, I agree to pay an average amount per visit based on what my percentage is. This is to be negotiated and agreed upon with the office manager.

I understand that I will be fully responsible for any services deemed as non-covered or denied by my insurance company. I agree to pay for any medical supplies that are not covered by my insurance, under my policy. I recognize and accept complete financial responsibility for any balance remaining after the payment of correct benefits by an insurance company.

If my insurance company is out-of-network with Pacific Water Therapy and there is a limit on the number of units per visit, I agree to pay the difference between what is paid by my insurance company and the services rendered by Pacific Water Therapy.

I assign insurance benefits for all services rendered by permitting payment directly to Pacific Water Therapy. for services rendered.

Payment can be made in the form of cash, check (no Credit Cards)
There will be a \$25.00 per check charge for all returned checks.

I certify that I am 18 years of age and/or the legal guardian/guarantor. I understand and accept full financial responsibility for the patient listed below.

Printed Name of Patient _____ **Date** _____

Signature of Patient and/or Legal Guardian _____