



Abundant Health LLC

731 Bookcliff Ave.

Grand Junction, Co. 81501

Phone: (970) 256-7454 Fax: (970) 256-7453

Financial Policy

I authorize the office of Abundant Health, LLC (also AHC) to release any information to any insurance company, adjuster or attorney that I am contracted with for the payment of my medical expenses incurred with AHC.

I fully understand that I am ultimately responsible for all expenses incurred by me at AHC. AHC will, as a courtesy to me, bill my designated insurance coverage and or personal injury claims. I understand that, if payment is not made by my insurance within 90 days, all balances will be transferred to my responsibility. For personal injury cases, payment will be expected within 10 days of the settlement of the claim and a separate medical lien will be required by AHC so that payment can be made directly to AHC when my personal injury claim adjuster will recognize such assignment.

I agree to assign all insurance payments or attorney disbursements that would be paid to me for services received at AHC to AHC. In the event that I receive checks from my insurance company or attorney that include payment for AHC services, I agree to transfer any funds received to AHC within 10 days.

I understand that payment for services is expected at the time of service unless other arrangements have been made. I will not be eligible for any "time-of-service discounts" unless I pay for my services before I leave the office. I understand that the charges for my services begin at \$63.00 and may be more based on the number of services I receive deem necessary to collect from me. If I am billed and do not pay my bill within 45 days of the first statement, I understand that my account may go to collections. If my account goes to collections, I understand that I will be responsible for any cost incurred by AHC for the process of collecting from me. I will be charged \$10 per statement for each statement that must be sent to collect fees that were due at time of service. I also understand that there is a \$25.00 fee for cancellations made less than 24 hours to visit. Any payments that are returned for insufficient funds will be charged \$35 per incident and AHC may exercise the right to collect "cash only" from me, should I have more then two incidents of insufficient funds.

I have the option of creating a payment plan with AHC. I agree to submit all payments in a timely manner. Should, I miss more than one payment, the plan will be cancelled and I will be responsible for all services rendered and payment is expected within 10 days. Should I decide to discontinue services before my payment plan is complete, I will only be responsible for the balance between services rendered and total money received by AHC. If this balance should be a credit in my favor and I am not a Medicare patient, I may use the credit for future services, supplies or have it refunded within 30 days. (All account credits for Medicare patients will be refunded within 30 days). My balances that reach more than 60 days in age may be referred to an outside collections agency and I may be charged additional collections fees.

Signature

Date