WAUTIER WELLNESS
CHIROPRACTIC
WAUTIERWELLNESS.COM

Financial Policies

All **copayments and deductibles** (if not met) are expected at the time of service unless payment arrangements have been approved in advance by our staff. Returned checks may be subjected to additional collection fees. Patient balances may not exceed $250.00 at any time.

Method of payment: How do you plan to pay for today's charges?

Please select one: ☐ Cash ☐ Check ☐ Visa/Mastercard

I understand and agree that health insurance policies are an arrangement between and insurance carrier and myself. Furthermore, I understand that Wautier Wellness, Inc. will prepare any necessary reports and forms to assist in making collections from the insurance company and that any amount authorized to be paid directly to Wautier Wellness, Inc. will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me, and I am personally responsible for payment.

I also understand that if I suspend or terminate my care at this office, any outstanding charges for professional services rendered to me will be immediately due and payable. I agree that I will be responsible for all attorney and legal fees if legal action becomes necessary to collect this amount. I authorize Wautier Wellness, Inc. to obtain a credit report if deemed necessary.

Acknowledgement of Receipt of HIPPA Privacy Notice

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the healthcare providers who may be directly and indirectly involved in providing my treatment.
- Obtain payment from third-party payers.
- Conduct normal health care operations, such as quality assessments and accreditation.

Patient _____

Signature _____ Date _____

———Stephanie Wautier, RN, BSN, DC———
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