

**Barnes Wellness Center  
Dr. William E. Barnes**

*Financial Office Policy*

**PATIENTS WITHOUT INSURANCE:**

1. 100% of the first visit is to be paid in full at time services are rendered.
2. We offer flexible, 0% interest payment programs to patients who qualify.
3. For your convenience, our office accepts cash, checks, Visa/MC/DISC/ AMEX.

**PATIENTS WITH INSURANCE:**

1. After verification of your coverage, we will accept payments directly from your carrier. (This will save you from paying the total charges in full as services are rendered).
2. Patients are responsible for all uncovered services at the time of visit, (i.e. deductible, co-insurance, lab work, supplements, supports, etc.)
3. Patients must stay current with their co-insurance payments.
4. Your insurance is an agreement between YOU and your insurance company. Therefore, this clinic does not promise that your insurance company will pay the charges and will not enter into a dispute with the insurance company over reimbursement. If your carrier denies payment, the patient is personally responsible for payment. Verification of coverage is not a guarantee of payment for services rendered.
5. If you have a secondary insurance we will provide the claim for you to process.
6. When all insurance checks have been received, if there is an overpayment, we will credit this to your account.
7. Our office gives an insurance company 90 days from an incurred charge to pay their portion. If for any reason they do not pay in 90 days, then the balance becomes the patient's responsibility and is due and payable at that time. Any balance will be subject to a monthly service charge of 1.5%.
8. The patient is responsible for any and all attorney fees for collection of past due accounts.

**WELLNESS/MAINTENCE PATIENT**

- \* Those being treated on a monthly basis must pay at the time of treatment.
- \* There will be no additional charge for appointment charge for appointments rescheduled 24 hours in advance.
- \* I agree to the above listed terms set forth by Barnes Wellness Center.

Signed \_\_\_\_\_ Date: \_\_\_\_\_