

Financial Agreement

___ I agree to come prepared to my session prepared to pay my co-payment, coinsurance, and or deductible at the time of service.

___ I understand that it is my responsibility to understand my individual insurance policy and to adhere to that insurance policy.

___ I understand that I am only responsible for the portion of payment that the insurance indicates on the explanation of benefits (EOB). I understand that if I do not agree with what the insurance is indicating that it is my responsibility to contact the insurance carrier and dispute the issue. I understand that Evolve has no role in determining what my co-payment, coinsurance or deductible is but rather Evolve is only reporting what they are being told by your insurance carrier.

___ I understand that if I use a credit card I am responsible for the 3% fees that the credit card company and merchant services charge for charging the card.

___ I understand that if I cancel my appointment with less than 24 hour notice or fail to show for my appointment entirely I will be charged \$75. There is one mulligan offered to everyone as we understand life happens, but repeated offenses not only waste provider time but also affect other clients who want appointments.

___ I understand that in the event I am not paying my co-payment, coinsurance, and or deductible in full at time of service that if my bill reaches \$300 or more I will not be able to make any further appointments until my bill is paid in full.