

ELYSIUM

Financial Policy and Patient Agreement

Appointment Time

Elysium Health and Wellness is committed to delivering expert care with soul. To give you the best care possible we, in turn, ask that you are on time for appointments. At Elysium we start on time! So if your appointment is at 10:00 am, get here at 9:50 am to check in, verify your insurance, be called back, have your vitals taken, and verify your medication list. All new patients please arrive 20 minutes early. The doctor should be walking in the door to greet you at your appointment time. Please call to cancel an appointment as soon as possible if you know you can't make it. Being late for your appointment means less time with the doctor and the only way to get good care is adequate time!

Financial Policy

To fulfill your financial obligation, we ask that you verify your insurance information at every appointment at the kiosk check in and keep us updated on any address or phone number changes. We ask that you pay your copay and deductible payments at the time of your office visit with cash, credit, or debit card. Insurance contracts actually require that we collect your copay prior to giving you care. If we don't, we can get in trouble, so if you're unable to pay your copay prior before your appointment, we'll have to reschedule you.

At Elysium, we use Credit Card on File technology. This is the same technology that Amazon and other online retail stores use where your credit card information is encrypted and safely stored (only the last 4 digits of your card are shown for identification purposes). The credit card company safely stores and encrypts your data—nothing is stored at Elysium. You can simply elect to use the card on file to pay for any copays or unpaid balance. To save you from getting multiple annoying bills for small balances, we will charge the card on file for balances less than \$250. For anything greater than that, we will give you a call, talk about it, and get your authorization. It saves time and streamlines the check in process. We will use your card on file for most things in the office: to pay for any paperwork you need filled out, copays, deductibles, coinsurance, and balances.

Patient Agreement

This is a legally binding contract between Elysium Health and Wellness LLC (herein referred to as Elysium) and you. The words, I, me, my, you and your all refer to the patient.

You agree to be financially responsible for payment of Elysium's services.

Current insurance cards and any address or phone number changes must be verified at every office visit. Not doing so may result in delayed insurance payments on your behalf.

I understand that I will be responsible for any missed or cancelled appointments in which a 24 hour notice isn't given. There will be a fee of \$30.00 for any missed office visits and \$100.00 for any missed physical exams. I authorize Elysium to charge my card on file for such fees.

If I have a high deductible policy or do not currently have insurance benefits, I agree to pay an estimate of charges for my office visit in advance and understand that other charges may apply after my appointment.

Elysium has a contract with your insurance company. Elysium will receive payments from your insurance company for covered services provided by your insurance benefits. You agree to pay co-payments, co-insurance and deductibles at the time of service.

I agree to pay any balance remaining on my account and consent to the credit card on file being charged. I understand that if I fail to pay the balance on my account this may result in Elysium sending me to collections after 3 unsuccessful attempts to collect payment (text messages, e-mails, portal messages, and phone calls are all methods we may use to contact you).

If my account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, I will be responsible for all costs of collection, including but not limited to interest, re-billing fees, and collection agency costs. It's so much cheaper to pay an outstanding balance, because collection agencies can add as much as 60% to the balance for their collection costs!

If the reason for your appointment is related to a work injury or auto accident, let us know when you schedule! Unfortunately, insurance companies won't pay for these visit types and you'll have to pay for the entire office visit out of pocket.

Any forms you need your doctor to fill out (FMLA, life insurance, and adoption paperwork for example) costs \$20 per page and due prior to paperwork completion.

The Privacy notice provides information about how protected health information may be disclosed. By signing below, you acknowledge that you have read, received or declined a copy of our notice of Privacy Practices found on our website.

Insurance payments are made to pay your claims/medical bills. Your signature authorizes the release of medical information necessary to pay such claims. You understand and consent to the policies herein. Your signature also authorizes the release of benefits payable and medical information necessary to collect from secondary insurance payer.

By signing below you have read and agree to the policies herein.

X _____
Patient Signature and Date

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment of medical benefits to Elysium Health and Wellness LLC, This is a DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS. This authorization will remain in effect until cancelled by me in writing. A copy of this authorization is as valid as the original document.

I authorize the release of any medical information necessary to in order to obtain payment and I understand that I am financially responsible for all charges, late fees, interest, attorney fees and collection charges considered patient responsibility by my insurance company. I understand that if I am not insured I am responsible for the charges of all services provided to me. I authorize Elysium to deposit checks received on my account when made out in my name.

I have read and I understand Elysium's financial policies and I accept responsibility for the payment of any fees associated with my care.

X _____

Patient Signature and Date

Disclosure of Private Medical Information

I authorize Elysium to disclose medical information pertaining to my personal health to the following persons:

Name

Relationship

Name

Relationship

X _____

Signature and Date