

# TRANQUIL & PURE BODYWORK

**Julie Dubravetz, LMT**

## **Patient Financial Responsibility Statement**

Thank you for choosing Julie Dubravetz with Tranquil and Pure Bodywork as your massage therapy provider. You are financially responsible for all services received. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. By signing below and/or by receiving massage therapy services from Julie Dubravetz, LMT, you agree:

1. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier.
2. You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a Primary Care Physician (PCP) before receiving services from Julie Dubravetz, LMT, and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that the services you received from Julie Dubravetz, LMT are not medically necessary and/or not covered by your insurance plan; (iv) your health plan coverage has lapsed or expired at the time you receive services from Julie Dubravetz, LMT; or (v) you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.
3. By signing below, you authorize Julie Dubravetz, LMT to verify your insurance benefits and submit your claim to your insurance carrier or other plan provider. You agree to facilitate payment of claims by contacting your insurance carrier or other plan provider when necessary. You authorize Julie Dubravetz, LMT to release patient information acquired in the course of your examination and/or treatment including but not limited to any and all medical records, notes, or other documents related to your treatment (including itemization of any charges and payments on my account) that is deemed necessary to process this claim to the necessary insurance companies, third party payors, and/or other physicians or health care entities as they require to participate in your care. It is important to notify us as soon as possible of any changes related to your insurance coverage. Failing to do so may result in unpaid claims, and you will be responsible for the balance of the claim. Julie Dubravetz, LMT does not accept responsibility for incorrect information given by you or your insurance carrier or other plan provider regarding your insurance benefits or benefit plans.
4. Once your insurance carrier processes your claim, we will bill you for any remaining patient responsibility deemed by your insurance carrier. If any payment is made directly to you for services billed by us, you agree to promptly submit same to Julie Dubravetz, LMT until your patient account is paid in full.

5. You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You may generally expect this billing statement within twenty (20) days after your insurance company has responded to a submitted claim. You must notify Julie Dubravetz, LMT of any errors or objections to the billing statement within thirty (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If there is a problem with your account, it is your responsibility to contact Julie Dubravetz, LMT to address the problem or to discuss a workable solution.
6. Whether or not you have insurance or are self-pay, payment of any account balance is due at within thirty (30) days of receipt of your billing statement. If any balance on your account is over ninety (90) days past due. The balance of any account not paid within ninety (90) days will begin to accrue interest at the rate of 1.5% per month or the maximum allowed by applicable law, whichever is lower.
7. Julie Dubravetz, LMT accepts payment by check, cash, debit cards, credit cards, or HSA cards.

By signing below, I acknowledge that: (i) I have been provided a copy of Tranquil and Pure's PATIENT FINANCIAL RESPONSIBILITY STATEMENT; (ii) I have read, understand, and agree to their provisions and agree to the specified terms; (iii) I agree to pay all charges due (or to become due) to Julie Dubravetz, LMT for the below Patient's care and treatment, including co-payments and deductibles, as required or provided pursuant to my insurance plan and/or the insurance plan of another, as applicable; (iv) benefits, if any, paid by a third-party will be credited on the Patient account; (v) regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; (vi) if I failed to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting the money owed, including court costs, collection agency fees, and attorneys' fees (to the extent allowed by law); and (vii) failure to pay when due may subject me to late payment charges and can adversely affect my credit report.

Once I have signed this agreement, whether by original, fax, or electronic (".pdf") signature, I agree to all of the terms and conditions contained herein and the agreement shall be in full force and effect.

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<b>Patient's Signature</b>	<b>Date</b>
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**CANCELLATION POLICY AND FEE**

Please provide a minimum of 24 hours' notice to cancel or change your appointment time.

Initials: \_\_\_\_\_ I acknowledge the full rate for services booked will be charged for no-shows and cancellations with less than 24 hours unless provider makes exception.