

Belanger Body Care

4630 200th Street S.W. Suite M
Lynnwood, Washington 98036

I AGREE TO THE FOLLOWING PAYMENT TERMS OF Belanger Body Care, Inc.

1. Any deductibles or estimated co-payment are due at time of service.
2. We will gladly assist you as a courtesy by billing your Insurance Company on your behalf.
3. I, as the patient, am responsible for knowing my Insurance benefits and what is required for my coverage.
4. Any quotes made by your Insurance Company are strictly estimates. Belanger Body Care, Inc. will not be held responsible or liable for denial of payment or incorrect quotes resulting in non-payment or shortage of payment for services rendered.
5. I, as the patient, am ultimately responsible for any and all bills accrued by me, and agree to pay immediately any and all charges denied by the Insurance Company.
6. If there is a pending Auto Accident Lawsuit, and Belanger Body Care, Inc. agrees to wait for payment, a written Attorney Guarantee Letter shall be sent to Belanger Body Care, Inc.
7. I will be charged interest accruing at a rate of 1.5 percent interest every month on any and all insurance or personal outstanding balances beginning after 30 days, and I agree to pay this immediately

Helpful Suggestion

- a. If payment from the Insurance Company has not been met within 30 days and you begin paying interest charges, it would be in your best interest to call your Insurance Company and assist in the collection of your bill. Calls from the consumer are always more effective than calls from the Provider's office.

****Best Solution****

The following suggestion is what we are moving towards as the standard office policy.

Pay for the service at the time of the visit and we will provide you with the necessary information needed for you personally to bill your Insurance Company for reimbursement. This provides a much quicker payment from the Insurance Company since you pay their premiums and we do not.

It is always our intent to spend zero time worrying about how we are going to get paid. Our energy must be spent in partnership with you as the patient, providing you with the tools to achieve optimum health.

Print Name: _____ Signature: _____
Date: _____