

Synergy Balance

Financial Policy

Thank you for choosing Synergy Balance as your health care provider. Along with our commitment to provide you quality healthcare, we strive to maintain responsible, cost-effective measures and meet compliance requirements. The following is a statement of our Financial Policy which we require you to read and sign before receiving services at our facilities. We encourage open communication about all matters related to your care so do not hesitate to ask our staff about any concerns or questions.

At the time of service: You are responsible for **FULL PAYMENT** for all services provided. As a courtesy, we will print out a Super Bill for you to submit to your insurance company for reimbursement.

For your convenience we accept Visa and Mastercard as well as cash and checks.

Medicare Patients: Dr. Yu is a non participating Medicare provider.

Work related and Auto accident injuries: All injury claims are self pay. We do not accept or bill to third party insurance. Full payment is due at the time of service and a Super Bill will be provided to you for your own submission to the responsible parties insurance.

Miscellaneous charges: Supports, pillows, and supplements require payment at the time of service. Due to the materials and staff time involved, fees are charged for certain services, i.e., copies of medical records, narrative reports by the physician, and medical testimony for depositions and/or trials. Please ask the staff for further information if you require these services. These services require payment at the time of the request. Also, please be aware there is a \$25 fee for a check which is returned for any reason.

Usual and Customary Rates (UCR): Our fees are within the usual and customary rates of our area. Regardless of your carrier's determination of UCR's, you are responsible for payment in full. It has been our experience that insurance companies' UCR determinations are often outdated, arbitrary, or otherwise inaccurate.

Past Due Accounts: If you are experiencing financial difficulties, we encourage you to contact us and we will work with you to arrive at a mutually satisfactory option. In case where an account is seriously past due or the patient has shown unwillingness to make reasonable payment efforts, the account may be referred to an outside collection agency with a 25% processing fee. In the event litigation is necessary, the patient is responsible for court costs and attorney fees.

I understand that as the recipient of healthcare, I am ultimately responsible for all charges regardless of my circumstances for reimbursement. To the best of my knowledge and ability, I agree to supply any information requested in order to initiate, support, and expedite the claims/billing process.

Appointment Policy

This office reserves the right to charge a \$25 fee for missed appointments and those appointments canceled without at least 24 hours notice.

I HAVE READ AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY & AGREEMENT.

Date _____

Signature _____