



BALANCING POINT
CENTER FOR WELLNESS

Our responsibility is to provide alternative care for our patients, but we do not have the capability to confirm your understanding regarding your medical insurance coverage.

Sometimes it is difficult to obtain accurate information from insurance companies and provider directories may be inaccurate. If we do not participate in your insurance plan, then the bill you receive may not be paid by your insurance company. Unfortunately, understanding managed care medical insurance for the patients have become increasingly complicated and challenging for both the member and the provider.

We want you to clearly understand that it is each patient's responsibility to determine his/her medical coverage.

My signature authorizes Balancing Point to bill my credit card or debit card shown below for the following:

Non Payment: Failure of insurance company to pay its portion within 90 days from the date of service due to missing coordination of benefits or other information from patient.

Unpaid Balance: Failure of patient to pay their portion within 75 days from date of service.

I realize that it is my responsibility to determine whether my provider at Balancing Point is a participant in my insurance plan. I accept the financial responsibility if I select a provider outside my insurance group. I accept the responsibility to notify this clinic of any changes of insurance, home address and home telephone number.

I accept the responsibility to determine my insurance information such as patient responsibilities, maximum benefits, covered benefits, deductibles, co-pays, and the status of my account and I agree to pay the co-pays, deductibles, and balance due of all charges not paid for by my insurance carrier.

Print Name: _____ Date: _____

Signature: _____