

FINANCIAL, ATTENDANCE, & OTHER POLICIES

Thank you for choosing Vital Flow Vitality LLC as your healthcare provider. Please read and acknowledge, with your initials, the following information and policies prior to receiving any services. We are happy to discuss any questions you have regarding treatment, fees and services.

* _____ **Patient Financial Responsibility:** I understand that regardless of any insurance coverage I may have, I am choosing to receive services “out-of-network” and I am solely responsible for payment of my account. I acknowledge I am responsible for payment at the time of service and may still submit my bill to any available insurance for possible out-of-network benefits, if available. I understand that if I choose to attempt reimbursement from any insurance provider there is no guarantee I will be reimbursed. Vital Flow Vitality LLC will assist by providing me with the required information to submit for reimbursement, but I am solely responsible for submitting paperwork for reimbursement. I understand that delinquent accounts will be referred to a collection agency. If it becomes necessary to send my account to a collection service, I agree to reimburse Vital Flow Vitality LLC, in addition to the outstanding balance, any and all fees charged by the collection agency. I understand this fee may be a percentage of the debt owed. I also agree to reimburse the Vital Flow Vitality LLC for any other costs and expenses which are necessary to collect the outstanding balance, including reasonably attorneys’ fees, incurred in such collection efforts.

* _____ **Email/Text Message Consent:** New regulations require that anyone using electronic communication with healthcare providers understand and agree to certain conditions and limitations.

1. The transmission of patient information via email or text message has a number of risks including but not limited to: email/text is not secure; email/text can be intercepted, misaddressed, altered, forwarded, or used without authorization or detection; email/text may be circulated, forwarded and stored in paper and electronic files even after the sender or recipient has deleted his or her copy.

2. While many clients prefer the convenience of communication via text message by initialing above I confirm I understand that text message is NOT HIPAA compliant. Messaging through the electronic medical record system though is HIPAA compliant. If I choose to text my provider I understand they cannot ensure privacy the messages.

3. Vital Flow Vitality LLC will use all reasonable means to protect the security of the email/text, however we cannot guarantee email confidentiality are not liable for improper disclosures unless they are caused by the Vital Flow Vitality LLC intentional misconduct. You may choose to communicate in whatever means you feel best suits your needs. If you contact us via text message or email we will communicate in return via the same mode.

* _____ **No-Show Policy:** Please be ready for your scheduled appointment. If you are unable to keep your scheduled appointment, please cancel at least 24 hours prior to the beginning of that appointment. If the provider arrives within the scheduled arrival timeframe, and you are not fully ready and available, you may be asked to reschedule to accommodate the provider’s schedule. **A no-show fee of up to the full appointment cost may be charged if you miss or require rescheduling with less than 24 hour notice prior your scheduled appointment.**

PATIENT NAME

DATE

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

RELATIONSHIP IF NOT PATIENT