

## **Rising Together Healthcare, PLLC**

### **FINANCIAL POLICY**

We are committed to providing you with quality care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibilities as our patient. It is your responsibility to contact our office to notify us of any changes to your information.

It is also important that you realize this is a cash-based practice, and payment is due at the time services are delivered. If you do not make timely payments, you face being terminated as a patient from this practice.

You must complete and sign our Financial Policy before care is rendered.

- Payment is due at the time of service completion.
- We require a credit card to be kept on file after the initial visit.
- All payments should be made via our secure online platform.
- We do not accept insurance.
- If requested, we can provide a superbill for you to submit to your insurance company for possible out of network reimbursement. If you file a claim with your insurance company, they will be able to access information about you and/or your child which may include diagnosis, severity, treatment plan and other information they deem relevant.
- Completion of forms such as disability forms, FMLA forms, among others, requires time away from day-to-day business operations. A prepayment of \$25 per form is required. Please understand that to complete the forms your medical record must be reviewed, forms completed and signed by the physician and copied into your medical record. Some of these forms can be quite complicated and tedious to complete. Please provide us with all requested pertinent information. We request that you allow 5 business days for this process.
- We require at least 24 hours' notice if you need to cancel or reschedule your appointment. If you do not show up for an appointment or cancel with less than 24 hours' notice, you will be charged \$100. You must pay this fee before you schedule another appointment. Patients with 3 missed appointments may be terminated from the practice.
- We understand that unforeseen circumstances arise, and we offer a one-time waiver of the cancellation fee per year.

### **Authorization to Store Credit Card Information**

You also understand that we keep credit cards on file. By signing this document, you authorize and consent to Rising Together Healthcare, PLLC to keep my credit card information on file for the purpose of processing future transactions, charges or fees

associated with the services provided by Rising Together Healthcare, PLLC. I acknowledge this is a requirement of receiving services after the initial visit.

1. Rising Together Healthcare, PLLC will securely store credit card information in a manner consistent with the Electronic Fund Transfer Act and will only use it for authorized transactions related to the services received.
2. Removal of credit card information at any time by contacting Rising Together Healthcare, PLLC in writing, though will result in inability to schedule future appointments until a new card is on file.
3. Because of HIPAA regulations and Payment Card Industry compliance, Rising Together Healthcare, PLLC is under strict guidelines for protecting your privacy and will take all necessary measures to ensure the security and confidentiality of credit card information.
4. Updates to credit card information are expected in a timely manner to ensure accurate billing.

I acknowledge that I have read and understand the terms and conditions outlined above and I authorize Rising Together Healthcare, PLLC to keep my credit card information on file.

**I have read, understand, and been allowed to ask questions about this financial policy. I agree to comply with the policy as described.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Signing if Not Patient

\_\_\_\_\_  
Relationship to Patient