



**VITAL ENERGY OCCUPATIONAL THERAPY & WELLNESS CENTER'S FINANCIAL POLICY:**

We are dedicated to provide you with the best possible care available for your rehabilitative needs. We do our very best to try to control costs. We ask for your help with these efforts by showing up on time for your scheduled appointed time. We also ask for a 24-hour notice before canceling an appointment. We reserve the right to bill you a \$30 fee before further services can be rendered for missed or canceled visits.

**YOUR INSURANCE:**

We make every effort to review your insurance benefits with your insurance carrier and you to make you aware of your financial responsibility for your rehabilitation needs. However, some insurance plans are difficult for us to get a clear picture of your out of pocket costs. We have done our best to outline your individual plan below. Ultimately, it is your responsibility to understand your individual coverage and pay for services rendered. Unless other arrangements have been made in advance either by you or your health coverage carrier payment is due at the time of service.

Patient's Name \_\_\_\_\_

Responsible Party (If other than patient) \_\_\_\_\_

Insurance Carrier(s) \_\_\_\_\_

Deductible \_\_\_\_\_ Amount Met \_\_\_\_\_

Insurance covers at \_\_\_\_\_ % Patient's Responsibility \_\_\_\_\_ %

Co-Pay/Visit Encounter Fee \_\_\_\_\_

Benefits and eligibility quoted today are based upon the information available at this time and are subject to coverage in effect at the time services are provided. This is not a guarantee of payment; contractual limitations and eligibility changes may result in denial of benefits.

My benefits have been explained to me in full.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient or Responsible Party's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Benefits were explained by

08/13/08