Integrative Regional Medical Center
FUNCTIONAL HEALTHCARE

Patient Agreement and Authorization for Treatment

***Payment Policy*:**

We take cash, checks, debit cards and credit cards. Patients without insurance are required to pay in full at the time of service unless other payment arrangements were made. We require insurance co- payments to be paid at the time of service, we will bill you for any insurance deductibles and co- insurance after your insurance company has paid their portion.

***Assignment of Benefits*:**

I hereby authorize and assign payment directly to Integrative Regional Medical Center (IRMC) for benefits, including secondary benefits, due for medical services. I understand that I am financially responsible for any and all charges not covered by my insurance company. I further understand it is my responsibility to obtain any authorization as required by my health plan prior to the visit, and if not obtained I am financially liable for all charges incurred. Finally, I understand that if money is paid to me directly as the patient from my insurance company or attorney for a liability case I will give that money within 3 days to Integrative Regional Medical Center.

Authorization to release information for treatment and payment:

I hereby authorize Integrative Regional Medical Center and its medical staff to disclose any and all information pertaining to my treatment to the party financially responsible for my care to enable payment for services rendered, and if required by insurance company to insure further care.

Financial Agreement:

I agree and understand I am financially responsible for any and all services rendered, including, but not limited to services denied by insurance. I agree to pay any amount due after my insurance has paid. I understand that if my account becomes delinquent I will be responsible for any and all collection costs involved, including, but not limited to collection agency fees, attorney fees, court cost, and judgment interest.

Refund Calculation:

- I understand that all retail products once opened are not refundable. I also understand that a retail product, if unopened, is refundable if returned within 15 calendar days from the date of purchase.
- I understand that the stem cell products expire 72 hours after delivery. Should I fail to appear at my scheduled appointment, and said stem cells expire, the total balance for the stem cell treatment is still due to the office, and any payments already made to IRMC for stem cell treatments are non-refundable.

- Any monies paid to the office for services rendered will be applied to my outstanding balance. I understand that I am making payments toward my deductible, coinsurances and or copayments. These monies will be credited to this outstanding amount.
- I understand that should I discontinue my care for whatever reason my deductible and coinsurance for services I already received are still due to the office. Should, for any reasons I be unable to continue care any amount due to the office or any refund due to me will be determined after my insurance has processed all of my outstanding claims. At the time copies of explanation of benefits will be generated and the monies I have paid will be applied to the outstanding deductibles, coinsurances, or copayment amounts due to the office. If a refund is due a check will be generated to me. If there are monies owed to the clinic then my payment plan will continue until I satisfy those monies due.

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Signature of Patient (Legal Guardian) Date

_____ _____

Print Patients Name Print Legal Guardian Name