



Client Financial Responsibility Agreement

Client Name: _____ Date of Birth: _____
DD / MM / YYYY

The following information is provided to explain The Wellness Centre's payment policy and to avoid any misunderstanding or disagreement concerning payment for professional services. Our policies apply to unaccompanied minors; therefore parents/guardians must plan ahead for prompt payment.

All invoices and receipts are presented in Cayman Islands Dollars. The Wellness Centre accepts cash, cheques, credit and debit cards for payment. US\$ cheques are accepted at the exchange rate of .82 and US\$ cash, credit cards, and wire transfers are accepted at the exchange rate of .80.

It is the policy of The Wellness Centre that payment in full is expected at the time services are rendered if any of the following circumstances apply:

- You are a self-pay patient. (You have no health insurance.)
- We do not accept assignment with your insurance provider.
- You do not wish to have your insurance billed.
- You have not provided us all of the current/correct information required to file an insurance claim including a current referral.
- Your insurance benefits do not cover the service rendered.

If you have health insurance and it covers services in full or in part and The Wellness Centre accepts your insurance:

- The following must be provided before acceptance of insurance assignment:
 - Insurance Card
 - Referral
 - Driver's License and/or Passport
 - Signed insurance assignment
 - Signed claim form
- The Wellness Centre must receive confirmation of coverage from your insurance provider.
- With acceptance of insurance coverage, I the client/guarantor understand and agree:
 - I, (or client's parents or guardian, if a minor) am ultimately responsible for the payment of all services.
 - It is my responsibility to confirm my coverage with my insurance provider and that The Wellness Centre may verify such coverage as a **courtesy**; but, The Wellness Centre cannot be held responsible or liable for inaccurate information provided by my insurance provider.
 - It is my responsibility to inform The Wellness Centre of changes in my insurance at the time of service so that claims can be filed within the insurance provider's deadline and I will be responsible for the full fee for services rendered but not covered by my insurance carrier.
 - At the time of service, I must pay co-pays, coinsurance, deductibles, and any services not covered by my insurance plan.
 - I am responsible for obtaining and providing current referrals.
 - Referrals are generally valid for 90 days. It is my responsibility to meet the referral requirements of my insurance provider.
 - Should my referral expire and service(s) are provided during any period when a referral is not active, I am responsible for payment.
 - Insurance companies will not pay for missed appointment fees or late cancellation fees.
 - I am responsible for the balance of any claims not paid within 30 days.
- **I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred.**

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In the event of a check returned, unpaid from the bank, I acknowledge that a service charge of \$50.00 will be incurred for each incidence and that this fee must be paid prior to my next appointment.

Sessions will be suspended if my account is more than 30 days in arrears and will be terminated if more than 90 days in arrears.

When possible, The Wellness Centre staff will attempt to contact me to remind me of scheduled appointments 24 - 48 hours in advance, this service is provided as a **courtesy**; however, the lack of a confirmation does not alter The Wellness Centre's policy. Furthermore, **I understand that I will be charged the full fee for all missed appointments.** A missed appointment is an appointment not cancelled PRIOR to 24 hours before the scheduled appointment time, or in the case of a Monday appointment, not cancelled by the corresponding appointment time of the preceding Friday. If the office is closed I may leave notice on The Wellness Centre message system.

Cancellations made at the time of a scheduled appointment or after a scheduled appointment will be considered as a missed appointment to which the aforementioned fee will be applied. A client is permitted 3 missed appointments within a 12-month period, after which the client will be considered for discharge from the practice.

If I am covered under a Corporate Wellness Contract, I understand the Corporate Wellness Contract does not cover missed appointment fees or late cancellation fees and I will be charged the full fee for all missed appointments.

I further understand that The Wellness Centre reserves the right to charge interest and/or pursue delinquent accounts via third party collection agencies or attorneys and that I am responsible for any fees and/or court costs incurred by The Wellness Centre during the collections process.

In the event that my account is turned over to a collector, law firm, or a lawsuit is filed to collect my debt, I expressly waive privileges concerning disclosure of all information necessary to proceed with collection activities and acknowledge that an itemized account history, setting forth services rendered, fees charged, and payments received shall be filed as an exhibit.

I assume financial responsibility for additional services such as phone calls, letter writing, completion of forms, and administrative meetings in or out of the office. I understand that claims for these services will be billed at the usual rate, will not be billed to my insurance carrier, and remain my obligation to pay.

I agree to notify The Wellness Centre of any changes in my billing address or telephone and/or my health insurance carrier information as they occur. This entire authorization is valid for all session and/or services rendered by The Wellness Centre. I permit a copy of this authorization and agreement to be used in place of the original.

I understand that the credit card on file will be charged for any and all amounts greater than 30 days old as per my credit card authorization form. I understand if I choose not to leave a credit card on file, I must pay in full at the time of service.

I hereby authorize The Wellness Centre and my therapist to release any information necessary to process claims to my health insurance company (if client is a minor, parent or guardian sign).

I have read, understand, and agree to the above policies

Signature of Client/Guarantor (parent or guardian if client is a minor) _____
Print Name DD / MM / YYYY

Relationship to Client (circle one): Self Father Mother Guardian Social Worker Other: _____

Company / Agency Name (if applicable): _____

We strongly believe that a good therapist/client relationship is based upon understanding and open communication. We have instructed our staff to make every effort to clarify any question or misunderstanding you have concerning your account. We hope to avoid any disagreement over payments for professional services.