

# Financial Agreement

Please read this agreement carefully.

I, \_\_\_\_\_ (client), understand that my insurance is an agreement between my insurance carrier and myself. I will contact my insurance carrier if I have any questions about my covered benefits, and provide any necessary referrals for treatment prior to my appointment.

I understand that Shawna Lenzion Harbin, LMP (health care provider) will assist me in billing my insurance carrier. However, I am fully responsible for any payments due that are denied by my insurance carrier. If my insurance carrier does not pay the bills for services within ninety (90) days, I am responsible for the balance on the ninety-first (91st) day.

I assign payments to be made on my behalf to this provider for any services furnished to me. I authorize any holder of information about me to release such information needed to determine these benefits or to assist in the collection of payment for services.

If I am unable to make it to a scheduled appointment I will call at least 24 hours in advance to cancel or reschedule. I understand that if I do not provide 24 hours notice I will be responsible for a \$50 fee. My insurance will not cover this fee.

In the event fees are not paid as requested, a collection agency and possibly legal action may become necessary. If so, I will be responsible for all reasonable costs associated with the collection of such fees.

I have read and understand this financial agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_