



PEAK PERFORMANCE C H I R O P R A C T I C

Health Insurance Portability and Accountability Act (HIPAA PRIVACY ACT)

- 1. Release of Information for Reimbursement:** To the extent necessary to obtain reimbursement, the Peak Performance Chiropractic (PPC) may disclose any portion of the patient's record, including but not limited to, insurance companies, healthcare service plans, worker's compensation carriers, social security administration and peer review organizations.
- 2. Financial Agreement:** The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of PPC in accordance with the regular rates and terms of PPC. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate.
- 3. Assignment of Insurance Benefits:** The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to PPC of any insurance benefits otherwise payable to the undersigned for services rendered at a rate not to exceed PPC's usual and customary charges. It is agreed that payment to PPC, pursuant to the authorization, by an insurance company Health Care Services plan shall discharge said insurance company Health Care Service Plan of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.
- 4. Health Care Service Plans:** PPC has contracted with multiple Health Care Service Plans. It is the undersigned's responsibility to know and verify if the benefits contained in the insurance plan agreed to between the undersigned and his/her Health Care Service to know and verify if the benefits contained in the insurance plan agreed to between the undersigned and his/her Health Care Service Plan limit, reduce, or deny coverage of medical services at PPC, the undersigned agrees that he/she is obligated to reimburse PPC for any deductible, co-payments, coverage penalties, or for any service rendered which is not a covered benefit of his/her Health Care Service Plan at the Facility. For non-emergency services, it is the patient's responsibility to ensure his/her Plan has authorized the requested services at PPC. The undersigned agrees that denial of payment for lack of an authorization for non-emergency services will be considered a denial for a non-covered benefit, and payable by the undersigned.

The undersigned acknowledges he/she understands the Notice of Privacy Practice and he/she has received a copy of the Notice of Privacy Practices. The undersigned acknowledges he/she understands the Financial Agreement, Assignment of Insurance Benefits, Health Care Service Plan obligation and all other applicable provisions above and received a copy thereof, and is the patient, the patient's legal representative or is duly authorized as the patient's general agent to execute the above and accept its terms.

SIGNATURE: PATIENT, LEGAL REP.

PRINT NAME

DATE

RELATIONSHIP IF NOT PATIENT _____

WITNESS: _____

Financial Responsibility Agreement by Person Other Than the Patient or the Patient's Legal Representative: I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, Health Care Services Plan obligation, and all other applicable provisions above.

FINANCIALLY RESPONSIBLE PARTY

WITNESS

DATE