

## Total Weight Loss Center Financial Policy



### YOUR RESPONSIBILITY

You are responsible for payment of your account, regardless of insurance coverage. You should contact your Insurance Provider prior to your appointment to find out if you have either:

- **Medical Weight Loss Management Coverage** or (Those patients wanting to lose weight on their own or with the help of medications)
- **Provide a copy of your bariatric policy with any requirements**

### OUR RESPONSIBILITY

- File primary insurance claims within a timely manner following the date of service
- File secondary insurance claims after payment is received
- Provide information to your insurance company, as requested
- Contact your insurance company if the claim is not paid within 45 days after the claim is filed
- Mail itemized statements to you

### LATE CANCELLATION POLICY

- Failure to contact our office 24 hours prior to your appointment will result in a \$75.00 charge.

By Signing below, you acknowledge that you have read, understand, and agree to the terms of this document relating to payment of your bill.

\_\_\_\_\_  
Patient Signature:  
(Parent of Guardian if patient is a minor)

\_\_\_\_\_  
Date/Time:

\_\_\_\_\_  
Patient Name Printed: