



BILLING AND FINANCIAL POLICIES

PATIENT NAME: _____
Please Print

DATE: _____ **DATE OF BIRTH:** _____

WE DO NOT BILL INSURANCE

HeavenSent Concierge Nursing, LLC is a PRIVATE PAY practice, so we will not submit claims on your behalf to your insurance. Payment is due 48 hours before the time of service. If you are unable to pay at least 48 hours before the time of service, your appointment may be canceled.

We may provide you with a "Super-bill" or a receipt for services for you to submit to your insurance carrier for reimbursement. We cannot guarantee your carrier will reimburse you for the services provided by HCN.

Acceptable Forms of Payment: We accept all major debit & credit cards.

ADDITIONAL SERVICE FEES:

In the event that additional service time is required or requested, and agreed upon by both parties, the patient will be billed at an hourly rate of \$75.00 per additional hour.

PAST DUE ACCOUNTS:

Patients' accounts that go unpaid for over 60 days or more may be submitted to a collections agency.

AGREEMENT TERMS:

By signing this agreement, you indicate that you have read and understand this Billing and Financial Policy. Your signature below indicates that you accept this policy and agree to abide by the terms and conditions set forth herein.

PATIENT SIGNATURE: _____ **DATE:** _____
Patient Must Be 14+ Years Of Age

PARENTAL SIGNATURE: _____ **DATE:** _____
Parent or Guardian Consent Required For Those Under 14 Years Of Age