



Qvita Health and Wellness

Financial Responsibility

This is an agreement between **Qvita Health and Wellness, LLC**, a Florida corporation, as a creditor, and the Patient/Debtor named on this form.

In this agreement the words “I”, “You”, “Your”, and “Yours” mean the Patient/Debtor. The word “account” means any account that has been established in your name to which charges are made and payments credited. The words “we”, “us”, and “our” refer to Qvita Health and Wellness and/or its affiliated entities.

Insurance: Insurance is a contract between you and your insurance company. In some cases exact insurance benefits cannot be determined until the insurance company receives the claim. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Please understand that insurance reimbursement can be delayed for multiple reasons. In fact, insurers will routinely stall, deny, and reduce payment. Insurers routinely process claims resulting in additional invoicing at no fault of Qvita Health and Wellness, LLC. We will NOT under any circumstance falsify or change a diagnosis or symptom in order to convince an insurer to “pay” for care that is not covered, nor do we delete or change the content in the record that may prevent, or cause it to be considered covered.

Please initial the following:

_____ We will estimate balances to the best of our ability. However, since these are estimates only, I understand that any remaining balances due to deductibles, co-insurance, and non-covered claims that are my responsibility to pay to Qvita Health and Wellness. Your appointment may be rescheduled if your estimated amount due is not paid at check in.

_____ **Missed Appointment Fee:** I understand that Appointment Reminders are a courtesy. Failure to show up for, or cancelation of an appointment with less than 24 hours’ notice may results in a now show fee of \$50 assessed to my account. The fee must be paid before a new appointment is scheduled.

_____ **Administrative Charges:** I understand that additional administrative charges may apply for items such as completion of medical forms, telephone consultations, and physician or provider letters.

Guarantee of Payment:

For value received, including but not limited to the services rendered, I agree to guarantee and promise to pay all charges and expenses incurred in my treatment, including those expenses not covered by any insurance policy presently in force, including co-payment and/or deductible. Unless specifically agreed in writing, all charges shall be paid at discharge or upon presentation of the first bill. I understand and agree that if Qvita Health and Wellness is required to bring a claim or file an action to enforce this agreement, Qvita Health and Wellness shall be entitled to recover from me its reasonable attorney’s fees, expert fees, court costs, and any other costs of collection, in addition to the amount owed on your account.

Print Name: _____ Date: _____

Patient Signature: _____ Date: _____