



Athena Health and Wellness

FINANCIAL POLICY

Athena Health and Wellness believes that part of good healthcare is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

COPAYS

- All copays are due at the time of service. If you are unable to pay your copay at the time of service, then your appointment may be rescheduled.

PATIENT BALANCES

- As a patient, you are expected to pay any patient due balances before being seen for an appointment. If you are unable to pay the balance in full, you will be required to set up a payment plan.

COLLECTIONS

- If your account becomes delinquent with our office, our center will make several attempts to secure the balance in full or set up a payment arrangement. If our attempts fail, we will be forced to forward your account to an outside collection agency. If your account is forwarded to an agency, a collections fee will be added to your outstanding balance, and you will be dismissed as a patient from our practice. Once the account is in good standing with the agency, then you may choose to be reinstated as a patient.

MEDICAL RECORDS

- There will be a \$15 charge for medical records after the first copy.
- Completion of disability, FMLA, life insurance and other misc forms will be subject to a \$15 charge.

RETURNED CHECKS

- There will be a \$30 charge for any check returned to our office for insufficient funds.

SELF PAY

- Payment in full is required at the time of service to receive a discounted rate.

NURSE PRACTITIONER SERVICES

- I understand it is my responsibility to determine if my insurance plan covers nurse practitioner services. If the services rendered are not covered because of the provider, I understand that I am liable for payment of services rendered.

NON COVERED SERVICES

- I understand that I will be liable for any services rendered that my insurance company denies as non-covered. I am responsible for determining the services covered by my policy. The center will offer the courtesy of discounting the services to your insurance allowed amount if the balance is paid within 60 days.

HSA / HRA PLANS

- I understand that the center will check my applicable deductible balance prior to my visit. I understand that until I meet my deductible, I will be liable for the payment (adjusted to my insured fee schedule) in full on the day in which services are rendered.

NO SHOW POLICY

- A "no-show" is assessed when you miss a scheduled appointment without calling to cancel it in an adequate manner. If you arrive more than 15 minutes after your scheduled appointment, we will do our best to see you, but you will be seen on a "walk-in" basis.
 - First missed appointment: there will be no charge
 - **Second missed appointment: \$25 fee will be billed to your account**
 - **Third missed appointment: \$50 fee will be billed to your account and you may be discharged from our practice**

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Patient Signature

Date

Witness/ Office Personnel

907 Lyndon Lane
Louisville, KY 40222
502-425-7659