

# Financial Agreement

I, \_\_\_\_\_ (client), understand that my insurance is an agreement between the insurance company and myself. I understand that Lena Armstrong, LMP will assist me in billing my insurance carrier. However, I am fully responsible for any payments due that are denied by my insurance company.

I assign payments to be made on my behalf to this provider for any services furnished to me. I authorize any holder of information about me to release such information needed to determine these benefits or to assist in the collection of payment for services.

If the bills for services are not paid within ninety (90) days by my insurance carrier, I am responsible for the balance on the ninety-first (91st) day. In the event fees are not paid as requested, a collection agency and possibly legal action may follow. If so, I will be responsible for all reasonable costs associated with the collection of such fees, including attorney and court costs.

Returned checks will result in a \$30 NSF fee.

I have read and understand this financial agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Privacy Policy

Lena Armstrong, LMP will only share my information if required by law, or if I ask her to do so. I am aware that I will be given a copy of the Privacy Policies Notice upon request.

Signature ..... Date .....

Print Name (Client or Personal Representative) \_\_\_\_\_

Relationship to Client and Description of Representative's Authority \_\_\_\_\_

## Cancellation Policy

Please give at least 24 hours notice if you need to cancel your appointment. In the event that you give less than 24 hours notice or do not show up for your appointment, Lena Armstrong, LMP's cancellation policy is as follows:

1<sup>st</sup> Occurrence: No charge

2<sup>nd</sup> Occurrence: \$35 charge

3<sup>rd</sup> Occurrence and Thereafter: \$70 charge

I agree to the cancellation policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_