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Theresa Lerch CFNP CNM PC

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Financial Agreement

As a courtesy to you, Theresa Lerch CFNP CNM PC will submit your charges to the insurance information you provide. Payment is never guaranteed by your insurance company. It is ultimately your responsibility to understand your policy, benefits and patient responsibilities. You are responsible for payment of services you receive after insurance has processed your charges. Co-pays are due at the time of service.

I understand that Theresa Lerch CNFP CNM PC has permission to send medical records to my insurance provider if required to process a claim. I also understand that if I refuse, I will be financially responsible for the amount insurance denies due to lack of medical records.

If you are private pay or do not have insurance coverage, arrangements must be made prior to services and payment will be due on the day the services are provided.

INTEREST will be charged in the amount of 1.5% per month on any unpaid balances over 90 days from when insurance pays.

Accounts will be charged a fee of \$35 on any checks returned from your financial institution for non-sufficient funds.

Theresa Lerch CFNP CNM PC will use the services of a collection agency on any unpaid account balance. If your account is referred for collections, you will need to contact the collection agency directly for questions and payment arrangements. If your account is turned over to a collection agency, all future medical care provided at Theresa Lerch CFNP CNM PC will require payment in full at the time of service.

We have a 24-hour cancellation/no show policy. If you need to cancel your appointment, kindly provide us with 24 hours notice. Any cancellation less than 24 hours or if you do not show for your scheduled appointment, your account may incur a \$35 fee.

We use an outside lab, Labcorp, for most routine lab work. Some insurance companies do not allow us to bill for lab work, therefore, your insurance information will be forwarded with your lab work for insurance submission. You may receive statements from Labcorp for any non-covered charges. Please contact them directly for any insurance/billing issues.

My signature below indicates my request and authorization for the staff at Theresa Lerch CFNP CNM PC to provide me with necessary medical assessment and treatment. I therefore authorize my insurance benefits to be paid directly to the clinic. I am aware that I am financially responsible for any non-covered services, deductible, coinsurance and copays. I also authorize the clinic to release any information required by my insurance to process claims. This authorization will be valid until rescinded in writing or replaced by one of a later date. A photocopy of this agreement shall be considered as valid as the original.

I have read the above and fully understand the terms thereof:

Print Name

Signature (patient or guardian)

date