

**Patient Agreement to Accept Liability in Advance for  
Payment of Non-Covered Services**

In the event we accept your insurance company’s assignment of benefits, we want to inform you that you are the party ultimately responsible for the fees charged for your services. Your insurance plan, managed care program, or third party payer provides a limited range of benefits compared to the services available at our office. Whenever possible, we will inform you in advance if the services you receive at this office exceed the covered or eligible benefit limitations of your policy.

Coverage for benefits is also based upon *the carrier’s* definition of “medical necessity.” It is virtually impossible to inform you in advance if your insurance carrier will decide that a service provided was “non-covered” because they considered that service not “medically necessary.” While we would never provide you with a service that we believe is not necessary for the care of your condition, an insurance carrier may deny coverage using *their* criteria. For that reason, it is impossible to predict the ultimate determination of coverage by your carrier.

*Accordingly, by signing this agreement, you acknowledge that is your responsibility to verify your benefits and to be personally and fully responsible for payment.*

Frequently used services and price ranges are listed on the Financial Agreement.

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Patient’s Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vital Health Wellness Center Signature

\_\_\_\_\_  
Date