

FINANCIAL AGREEMENT

(Please initial after each paragraph to indicate that you have read each paragraph and sign at the bottom).

I, _____, agree to be responsible for the costs of medical care provided by Harmony Medica PLLC (HM) for myself or my dependent, _____

I understand HM is NOT a participating provider with any insurance and will NOT process my insurance claim. I will personally process my insurance claims.

Initial _____

I understand that the fees vary. All fees are due at the time of service and payable by check, cash, or credit card.

Initial _____

I understand that payment for all services will be due at the time services are rendered. I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney’s fees and court costs. I also authorized HM to release the medical reports of the above patient to any attorney retained by HM to collect any amount due on my account.

Initial _____

Your insurance will only pay for services that it determines to be “reasonable and necessary”. If your insurance determines that a particular service, although it will otherwise be covered, is not “reasonable and necessary” under your insurance program standards, your insurance may deny payment for that service.

Initial _____

I agree to be responsible for the services rendered by HM. I understand that although many in the medical community believe hormone replacement therapy is medically beneficial, some insurance companies have not yet accepted this position. At this point in time, HM cannot give assurance that the insurance company will reimburse for preventive care or anti-aging/hormone-balancing replacement therapy. As a result of this, medical records will not be provided to Medicare. The United States Department of Health and Human Services, Office of the Inspector General, takes the position that a physician who orders “medically unnecessary” tests may be subject to civil penalties. Because of this, it is the policy of this office not to fill out any insurance benefit claim forms or provide a letter of medical necessity. The Health Insurance and Reform Act of 1997 allows the Federal Government to investigate what they may determine is “health insurance fraud” or any medical treatment not deemed “medically necessary” by the Federal government. Even though the use of human growth hormone in adults has been approved by the Food and Drug administration, it has not been recognized by the Federal Government as “medically necessary” and, therefore, could be interpreted as fraudulent.

Initial _____

Patient Name: _____

I understand no reimbursement is available from Medicare. Physicians at HM have opted-out of the Medicare program.

Initial _____

I agree not to submit a health insurance claim under the Social Security Act (Medicare) for the services, even if such services are otherwise covered under Medicare.

Initial _____

I understand physicians at HM are not certified with the Tricare network. HM fees for services are above the 115% limit for the Tricare fee schedule.

Initial _____

The Virginia Medical Practice Act requires physicians selling dietary supplements, but not any other store or professional, to give the following notice. These dietary supplement products are being recommended for improvement of your overall health and to help meet nutritional needs. Harmony Medica PLLC has a financial interest in the sale of this/these product(s). It is not necessary for you to purchase the product(s) from HM. You may purchase the same or similar products at a retail pharmacy, health food store, through mail order or other sources. I have read the above and will be given an invoice with the name and prices of purchased products.

Initial _____

I acknowledge that I have received and/or read a copy of the Notice of Privacy Practices from Harmony Medica, PLLC.

Initial _____

Signature: _____

Date: _____