

ALIGN SPINE HEALTH CENTER, LLC
8555 16TH STREET, SUITE 800
SILVER SPRING, MD 20910
PHONE: 301-562-0390
FAX: 301-562-0392
EMAIL: info@alignspinecenter.com

Insurance and Payment Agreement:

The doctor's service is provided directly to you and not to Insurance Company. However, as a courtesy to our patients, we bill your insurance company for you. If you're insurance company does not respond with payment within 45 days of claim submission we will expect you to pay the balance of your bill in full. If you present a card that is not your insurance coverage or that the coverage is not in effect at the time of service it will be considered fraud and it is punishable by law.

You are responsible for all co-pays, deductibles and to obtain any referrals required by your insurance carrier.

The first mailed bill for all balances is due within **thirty days** of receipt. If we do not receive payment within this time frame, a charge of five dollars will be made as a billing charge every thirty days while the bill goes unpaid. After two statements, and no payments or payment arrangements have been made with our office your file will be sent to collections. If your account is transferred to a collection agency, all accumulated fees, collection fees, in addition to reasonable attorney's fees (in the event of litigation) will be charged to your account in the event of default.

Parents or Legal Guardians are responsible for their children's account.

I have read the above notice of my financial responsibilities to Align Spine Health Center, LLC and I agree to the terms above.

Print Name

Patient, Parent or Legal Guardian's Signature

Date