



Bay Area Neuromuscular Therapy & Regenerative Medicine

Financial Responsibility

I understand that I am financially responsible for all charges related to therapy, equipment, supplies, or services provided at or by Bay Area Neuromuscular Therapy Center. I understand that it is my responsibility to notify Bay Area Neuromuscular Therapy Center of any changes in my insurance coverage.

Initial _____

Assignment Of Benefits

I understand that all claims for therapy, equipment, supplies, and services that are forwarded to my insurance carrier for reimbursement, will be assigned to Bay Area Neuromuscular Therapy Center to receive payment.

Initial _____

Insurance Claims

As a courtesy to you, we will file your claim for you, however, please remember that your insurance is a contract between you and your carrier, we are not a party to that contract. If your insurance carrier requires any special claim forms, please provide our office with this information.

Initial _____

Cancellation Policy

In the event that you must cancel an appointment with our office, we must receive 24 hours advance notice, so that we have the ability to fill your appointment time. If we do not receive 24 hours advance notice, we will asses a charge of \$45.00 to be paid on or before your next appointment with our office.

Initial _____

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HIPAA-Privacy Practice Acknowledgement

By signing below I acknowledge that I have received a copy of Bay Area Neuromuscular Therapy Center's Privacy Practices.

Signature _____

Date _____