ULTIMA
MEDICAL & AESTHETICS

A Premier Medical Practice!

Financial Agreement

Payment in full is required at the time of the visit for all services rendered, unless you are covered by an insurance plan with which we participate. If we do not participate with your plan, we will provide you with appropriate documentation to send to your insurance carrier for reimbursement.

Ultima Medical & Aesthetics will submit your claim if we participate with your insurance plan. However, you will be responsible for any co-payments, deductibles, or non-covered services. Your insurance company may require that you obtain a referral from your primary care physician; you may want to call your insurance carrier before being seen to determine if your office visit will be covered by your plan. Your personal health insurance will not cover your visit for an injury sustained in an automobile accident; therefore, we ask for payment at the time of service for visits associated with automobile accidents. Depending on your insurance plan, many other services may also not be covered; such as immunizations, routine physicals, flu shots, immigration visits, pre-operative exams, and travel visits.
Ultima Medical & Aesthetics policy is to collect payment for these services at the time of service.
A $35.00 service fee will be charged for all returned checks.
A $35.00 service fee will be charged if account is turned over to a collections agency.

Agreement of financial responsibility and Authorization to release information and process claims

I voluntarily consent to receive medical and health care services that may include diagnostic procedures examinations and treatment. I agree to be responsible for the cost of this and any future medical care received at Ultima Medical & Aesthetics, as well as additional costs associated with enforcing this agreement. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum 35% of the debt, and all costs, and expenses, including reasonable attorney's fees and court fees, we incur in such collections efforts.
I understand that my account will be referred to a collections agency and reported to credit bureaus for past due balances.

I understand that Ultima Medical & Aesthetics charges a fee of $25.00 for any missed appointment not cancelled with at least a 24 hour notice. There is a late fee of $25 and service/interest charges on outstanding balances over 30 days and every month thereafter.

I hereby authorize Ultima Medical & Aesthetics to process claims for payment by my carrier(s) on my behalf for covered services rendered to me by Ultima Medical & Aesthetics. I hereby assign, authorize and request payment from my insurance carrier(s) directly go to Ultima Medical & Aesthetics, which has provided service to me. I understand that I am to provide Ultima Medical & Aesthetics with accurate insurance information and understand that I am responsible for all charges in the event that inaccurate information has been given.

I hereby authorize the release to my insurance carrier(s) of any information, including medical information, for this or any related claim. If the services rendered to me are due to a work-related injury, I also authorize release of any necessary information, including medical information, to my past and/or present employer(s) and my employer's worker's compensation insurance carrier(s); I will be responsible for payment in full immediately upon notification. If I have made payment today, and I feel that the visit should be paid by my insurance, I will be responsible for contacting the insurance company.
A photocopy of this agreement shall be considered as valid as the original.

I have read, understood, and agree with the above.
I have reviewed a copy of the Ultima Medical & Aesthetics: Notice of Privacy Practices.

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Patient (Guardian) Signature & Name **Date**