

\_\_\_\_\_  
Legal Name (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
WellPower ID#

Welcome to WellPower! We are pleased to provide you with our services. Please review the following general terms and agreement of payment for services at WellPower:

**GENERAL PAYMENT TERMS**

- I understand that I am financially responsible for services, medications, or labs received at WellPower according to this Fee Agreement and the terms of my health benefits plan.
- I agree to pay my share of the cost, including copays, coinsurance, or deductibles for my services at the time of service as determined under my health benefits plan.
- In the event my benefit plan changes, I will inform WellPower staff as soon as possible.
- Should a financial hardship arise, that might prevent me from honoring this Fee Agreement, I agree to speak with WellPower **before** receiving further services to discuss my options regarding payment.
- I understand that if I fail to pay my bill to WellPower when due, WellPower reserves the right to take collection or other legal action, and that charges for collection will be added to my bill.
- I understand that if I receive any payment directly from Medicare, Medicaid, or my insurance carrier for services provided by WellPower, I must give the payment to WellPower. WellPower will refund to me or my insurance carrier any excess payment it receives, as appropriate.
- I authorize WellPower to bill my insurance carrier on my behalf and to receive direct payment for any insurance benefits payable for the services provided by WellPower.
- I authorize WellPower to release to my insurance carriers any information requested by the insurance company.

**AGREEMENT.** By signing below, I acknowledge that I have read and fully understand this Fee Agreement and that the information I have provided to WellPower is true and correct to the best of my knowledge.

**X**

\_\_\_\_\_  
Signature of individual or personal representative

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Personal Representative (if applicable)

\_\_\_\_\_  
Relationship