

# FINANCIAL AGREEMENT

### What you should know:

By signing this agreement, you have agreed to pay for your services in full at the time of service.

## Nonpayment

If your payment is returned or denied and you have not paid your bills within 30 days after receiving your final notice you will be turned over to a collection agency. You will be responsible for any collection agency fees that apply. You may be reported to a credit bureau and denied additional services with Dr. Anna Martin, ND, BioFXN and/or Rebound SportsMed.

Questions? Please contact our Billing Office at 253-854-8880, if you have any questions about anything in our policy.

# **NOTICE OF PRIVACY PRACTICES**

### Acknowledgement

Dr. Anna Martin, ND is required to provide you with a copy of her Privacy Policy and to obtain written acknowledgement, if possible, that you have received it. You can review our privacy policies below. A parent or guardian should sign for patient under age 18. If you have questions concerning the management of your healthcare information at our clinic, or if you wish schedule an appointment to view your medical record, please call our medical records office at 253-854-8880. I, the undersigned, pledge that the above information is accurate and complete to the best of my knowledge. I understand that payment is due at the time of service for all visits at the clinic. I understand that if I have an open personal injury claim that I am financially responsible for all charges whether or not they are paid by my claim. I hereby authorize BioFXN, PLLC and Rebound SportsMed to release all information necessary to secure the payment of any claim on my behalf, and I authorize the use of this signature on all claim submissions. I further acknowledge that I have received a copy and have read and understand Dr. Anna Martin's Privacy Policy.

Signature of patient

Date

Signature of guardian

Date

Relationship to patient