

## FINANCIAL AGREEMENT & PAYMENT POLICY

I understand that all charges incurred with Telehealth Nursing & Wellness Care are ultimately my responsibility.

I have reviewed the Fee Schedule and understand the cost of services.

I understand that payments for services are due immediately after scheduling my appointment.

I understand that Telehealth Nursing & Wellness Care is currently not billing insurance for services. All services are currently self-pay.

I understand that after my appointment, I have the option to file my own claim with my insurance company for the service(s) I receive. If I choose to file my own claim, I understand it is my responsibility to check with my insurance company prior to scheduling my appointment.

I understand that if I must reschedule or cancel my appointment, I will give Telehealth Nursing & Wellness Care at least a 24-hour notice by clicking “Cancel Appointment” or “Reschedule Appointment” at the bottom of the appointment confirmation email I received. Or via email at [info@telehealthnwcare.com](mailto:info@telehealthnwcare.com).

I understand that if I cancel my appointment less than 24-hours before my appointment time, my account will be billed a \$20 cancellation fee.

I understand that if I cancel my appointment more than 24 hours before my appointment time, my account will be billed a \$10 cancellation fee.

***I understand that any unpaid balances after 15 days from the date of the invoice may accrue interest at the compounded rate of 1.5% every week.***

***I understand that any unpaid balances may be forwarded to a third-party for collection 120 days after initial billing. Should my account be referred to a third-party collection agency, I will be responsible for payment of all costs***

***and collection expenses, including a 30% collection fee, accrued interest, and attorney fees.***

I understand that it is my responsibility to review Telehealth Nursing & Wellness Care's Appointment & Cancellation Policy under the Forms & FAQ tab in the main menu on their website.

I understand that it is my responsibility to review Telehealth Nursing & Wellness Care's Refund Policy under Forms & FAQ tab in the main menu on their website for details on when refunds are permitted.

This agreement shall be binding upon my executors, liens, and assigns.

This agreement sets forth the exclusive and entire understanding and agreement between Telehealth Nursing & Wellness and I, with respect to the subject matter of my financial responsibility.

By continuing with Telehealth Nursing & Wellness Care's services, you agree to the above terms and conditions, and you give Telehealth Nursing & Wellness Care permission to receive your payment for service(s) provided, as well as any outstanding balances.