



### **Cancellation Policy**

We reserve the right to charge the value of the appointment as a fee for missed appointments that are not cancelled at least 48 business hours in advance.

### **Payments**

The patient portion for all services performed must be paid in full at the time of treatment, unless prior arrangements have been approved.

### **Insurance**

All services performed are charged directly to the patient and you are personally responsible for payment of all services. Our office will assist in preparing and submitting insurance claims and reasonably assist in making collections from insurance companies. We will credit any such insurance payments to your account. However, all estimated insurance payments are ESTIMATES only. We do not guarantee any payments by an insurance company for services rendered by Hollow Brook Sleep Solutions. Any and all amounts not paid by the insurance company for services are your responsibility.

Some insurance companies may send checks directly to you for the treatment that you are receiving from Hollow Brook Sleep Solutions, due to Hollow Brook Sleep Solutions being out of network. These checks are to be forwarded to Hollow Brook Sleep Solutions. This is the reimbursement check from the insurance companies to Hollow Brook Sleep Solutions for the treatment you have received. Please contact us immediately once you have received these checks, so you are not liable for the amount.

### **Benefits**

Our office verifies benefits as courtesy to our patients. A disclaimer is read to us by the insurance company when we verify benefits stating that the benefits verified are not a guarantee of payment: claims will be reviewed for medical necessity, and payments will be made based on the individual's plan. Based on potential insurance misinformation, your out of pocket cost could be more than our estimate. We recommend you verify your own policy is this is a concern.

### **Pre-Authorization or Pre-Determination**

Our office will do a pre-authorization if it is required through your insurance. If a pre-authorization is not required, we may do a pre-determination on any records or treatment. If the authorization or determination is denied it will be the patient's responsibility to appeal with your own insurance.

### **Claim Appeals**

Our office will do one complimentary appeal per claim that is denied. If the initial appeal is denied, it will then be the patient's responsibility to pay for any unpaid service or balance. Any second level appeals will be the responsibility of the patient.

***I have completed the form, read the above financial and insurance policies and agree to the same.***

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_