



Out of Network Contract

Thank you for choosing Relievus as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full is made for services received. You are entering an “Out of Network” contract with Relievus. This “Out of Network” contract is your advanced notice that you will be financial responsible for for any “Out of Network” balances applied by your carrier for services rendered. This is your notice that we will bill your “Out of Network” plan as a courtesy, however if balances are not paid in full your appointments may be canceled and/or rescheduled.

1. You acknowledge and agree to all FINANCIAL POLICIES of Relievus. Questions about these policies may be addressed to the Patient Accounts Staff. These policies may be changed from time to time by Relievus, without notice. If there is any conflict between the FINANCIAL POLICIES and this PATIENT FINANCIAL RESPONSIBILITY STATEMENT, the FINANCIAL POLICIES shall control.
2. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for payment of the out of network benefit at the time the services are billed to you.
3. You understand and acknowledge that your health benefits have certain limitations, such as non-covered services. Non-covered services are those which your health insurance plan will not apply towards your benefits. Relievus is not a participating provider with your health plan _____. Therefore, you may be financially responsible for any course of treatment that is non-covered as well as your out of network co-insurance and deductible.
4. You acknowledge that this policy was fully explained to you.

Additional Charges. Patients may incur and are responsible for the payment of additional charges at the discretion of Relievus including but not limited to: (i) charges for returned checks; (ii) charges for copying and distribution of patient medical records; (iii) charges for extensive forms preparation or completion.

This guaranty shall be a continuing, absolute and unconditional guaranty, and shall remain in force and effect until any and all said Indebtedness shall be fully paid. There shall be no obligation on the part of Relievus at any time to first exhaust its remedies against patient.

I have discussed the treatment protocol with my physician and chose to obtain the services irrespective of my benefit coverage. I agree to be financially responsible for any and all related charges as an out of pocket expense. I understand that I am expected to pay any balances incurred, unless I have entered into an alternative repayment plan with the practice.

Patient Name Printed: _____ Date: _____

Patient Signature: _____

Physician Signature: _____

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