

**The Cole Center for Healing, Inc.  
2024 Financial Policy**

It is the policy of The Cole Center to collect for all services at the time services are rendered. These policies have been adopted in order to maintain low and competitive pricing on the holistic services provided at The Cole Center. The Cole Center does not accept payment plans for payments of services unless prior permission has been granted. Cash, check, Visa, MasterCard, Discover, and American Express are acceptable forms of payment. The policy is defined as follows.

**Payment of Services**

1. For holistic services and other non-covered services, we collect 100% prior to services being rendered. These services include, but are not limited to: all IV services, certain tests, ozone services, ionized oxygen services, and other services defined as holistic or non-covered. Holistic services are 100% out of pocket services that are **NOT** billable to insurance. Patients are **NOT** permitted to bill on behalf of the Cole Center for Healing for any reason. CPT codes for Holistic services are not acceptable under any circumstance with health insurance companies and we do not permit submission of claims for said self-pay services.  
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Please consult The Cole Center staff if there is any question in regards to coverage.

2. For office visits and other covered services, The Cole Center will collect co-payments, coinsurances and deductibles at the time of service. The Cole Center is required to collect co-payments at time of service based on The Cole Center's existing contract with the insurance companies. The Cole Center will also file the claim to the insurance company if The Cole Center has a contract with the company. **All past due balances will be collected prior to any visit.**
3. For self-pay patients or patients who have an insurance plan The Cole Center is not contracted with, we will collect 100% at the time of service. The Cole Center will not file any services considered covered to the non-contracted insurance company as our systems are not capable of transmitting electronic claims to these companies. Patients are **NOT** permitted at any time to bill on behalf of The Cole Center for Healing. You **MUST** follow the patient guidelines with your health insurance to file claims and only utilizing the patient receipts that are provided at check out. Patients **ARE NOT** permitted to submit CMS 1500 forms on our behalf for covered or non-covered services.  
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4. For patients with more than one insurance policy, we will not file secondary insurance, only primary and only if we are contracted. Medicare patients are advised to sign up for crossover with their secondary insurance plan. This means that Medicare will automatically send the balance of the coinsurance to the secondary insurance company, once Medicare has paid. If you have not set up with Medicare to have your secondary insurance crossover you will be responsible for any balances after initial Medicare payment.
5. For patients who have Medicare as their secondary insurance, we will file the claim to the primary insurance as well as Medicare secondary insurances, as The Cole Center is required to do so by Medicare. Any balances after all insurance payments and write-offs will then be billed to the patient.

We are contracted with Medicare and most major insurance companies and networks. It is your responsibility to verify that Dr. Cole is in the network of your insurance company. It is the patient's responsibility to know and understand their insurance plan. If you do not confirm this and later the claim is rejected you will be fully responsible for the bill.

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If the patient does not have an insurance card, we are unable to verify benefits or the patient refuses to allow The Cole Center to copy their insurance card, they must then pay 100% at the time of service. The Cole Center will file all applicable claims upon receipt of the card or upon verification of insurance. Any money that should be refunded will be done once insurance has paid the claim.

## Billing Statements/Credit Card

The Cole Center will now be requiring that you place a credit or debit card on file to resolve any remaining balances after treatment. After we receive the EOB from your insurance company stating the portion of the bill you are responsible for, you will receive an email that your billing statement has been uploaded to the Patient Portal. We are a paperless office so all bills will be sent to you through the Patient Portal, no paper bills will be sent. It will be your responsibility to access the portal and pay the bill. You may pay your bill by cash, check, debit or credit card or through our online payment portal on The Cole Center website at any point within 30 days from the billing date. We will **NOT** be sending out a second invoice. After the due date any unpaid balance will automatically be charged to the credit card on file. If you have a billing issue, we are happy to help you with it, we now ask you to email your questions and/or concerns to [billingcolecenter@gmail.com](mailto:billingcolecenter@gmail.com) by secure email (information for secure email previously sent) within that 30 day period.

I also understand that any missed appointment fee(s) will automatically be charged to my credit card. No bill will be sent. I understand that any charge placed on my credit card is considered by me to be a valid charge as I have not notified The Cole Center prior to the due date of any billing issue, nor have I provided the cancellation code given to me at the time of cancellation.

I agree that I have been made aware of this policy and agree to not dispute the charges.

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If for some reason collection becomes necessary, your account will either be sent to **Diversified Receivables Collection Agency** or a lawsuit will be filed against you in court. If your account is turned over to collections there will be a 30% finance fee and \$15 service fee added. At that time, no holistic services will be provided and The Cole Center will only provide emergency covered services and prescription refills for a 30-day period until the account is brought current.

If payment arrangements are made, the balance must be paid off in a 3-month time frame. All payments will automatically be charged to the credit card on file each month.

Please be aware that you can view your ledger on the patient portal at any time.

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## Cancellation/Missed Appointments

We understand that situations arise that cause you to cancel or postpone your appointments. Please understand that such changes affect not only our staff but our other patients as well, and we therefore request your courtesy and concern. We also understand that sometimes those situations are serious, please understand, it is our policy to have 24-hour notice. There will be a \$80.00 missed appointment fee for any missed appointments or appointments that are not cancelled with at least a 24-hour notice. For a Monday cancellation you must email us at least 24 hours in advance to [cs.colecenter@gmail.com](mailto:cs.colecenter@gmail.com) securely (information for secure email previously sent). All other cancellations you must speak with a representative or send an email to [cs.colecenter@gmail.com](mailto:cs.colecenter@gmail.com) securely at least 24-hours prior to your appointment. Please note you must speak with a representative to cancel your appointment. **PLEASE DO NOT LEAVE A VOICEMAIL AS THIS WILL NOT BE CONSIDERED A VALID FORM OF CANCELLATION.** We will provide you with a cancellation code, it is imperative that you keep this code to verify your cancellation. If you do not receive one from us please follow up with us as we do not want to wrongly charge anyone.

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I understand that if I miss my first appointment my credit card will be charged a missed appointment fee.

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### Returned Checks

There will be a \$55.00 returned check fee for any returned checks. If there are more than two returned checks on the history of an account, checks will no longer be accepted as a form of payment for the account and must be brought current with cash or credit card.

A copy of this Financial Policy will be provided to you upon request.

We reserve the right to make any changes to the above Financial Policies without prior notification. I have read and understand the financial policies of The Cole Center for Healing, Inc.

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Print Name

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Date

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Signature