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BILLING AND PAYMENT AGREEMENT

Please read carefully.

The purpose of this form is to provide you with information about your financial responsibilities and to establish an agreement regarding the payment for professional services that you receive from Dr. Leigh Hagglund.

Truyu Health & Wellbeing, PLLC will work directly with your insurance company and will make every effort to bill your insurance directly.

- It is your responsibility to verify benefit coverage for services. Verification of benefit coverage is not a guarantee of claim payment. All benefits are subject to the terms and conditions of your specific policy. We do not have authority to make representations to you regarding your level of coverage. It is important that you understand your level of insurance coverage. *Please call the customer/member services number listed on the back of your card to verify your coverage prior to your first appointment to ensure you know your plan's limitations, deductibles and exclusions.*
- It will be your responsibility to pay any deductibles, co-payments or coinsurance your insurance carrier determines as payable by you. This amount will be collected at each session.
- You are also responsible for any charges not eligible or not covered by your insurance plan.

Please ensure that you notify us of any changes to your insurance coverage. If the insurance information you provide to us is later determined to be inaccurate, resulting in the denial of your claim, then you become responsible for the amount denied by your carrier.

All out-of-pocket expenses are to be paid at the time of service. Failure to maintain a zero balance on your account will result in interrupted services until arrangement for payments is made.

If an appointment is to be cancelled, it must be cancelled with at least 24 hours notice. All appointments that are missed or cancelled with less than 24 hours notice will result in a cancellation or "no show" charge of \$100. This fee cannot be submitted to your insurance for payment. You are responsible to pay this charge.

Truyu Health & Wellbeing, PLLC, accepts the following forms of payment: cash, check, Visa, and Mastercard. We also accept HSA and FSA funds. **Please make checks payable to: Truyu Health & Wellbeing, PLLC.** A \$40.00 fee will be charged for any returned checks.

I have read, understood, and agree with the above stated terms.

Name: _____ D.O.B.: _____

Signature: _____ Date: _____