

STATEMENT OF FINANCIAL RESPONSIBILITY

This is a statement of our financial policy. You understand that you are obligated to ensure that our fees are paid in full. Erin Decker Nutrition, LLC may verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

You agree that you will pay any deductible and co-payment or co-insurance as determined by your insurance plan. Those payments will be due at the time of service. Many insurance companies have additional requirements or stipulations that may affect your coverage.

You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance.

ACKNOWLEDGEMENT:

I have read and understand the financial policy described above. My signature certifies that I have received, read, and completed to the best of my ability the Questions to Ask Your Insurance Worksheet. I agree to pay, promptly and in full, any amounts due to Erin Decker Nutrition, LLC, including co-payments, deductibles, and amounts due for non-covered services or services that are not payable by my insurance.