EAGLE HEALTH & WELLNESS
3771 North Eagle Road
Boise, Idaho 83713
208 938-4040

FINANCIAL AGREEMENT:

Eagle Health & Wellness will work with you to provide the necessary information to determine the type of care you require. We will also provide the financial information you may need to determine how you wish to handle financial obligations.

These policies apply to only the services actually performed, and in no way obligates the patient/client to continue the course of care recommended. If care is discontinued, the balance due for care received up to that date is due in full within 30 days of discontinuance of care.

I choose the following method of payment for my care at Eagle Health and Wellness:

_____**CASH**- Payment is due at the time of service. EHW accepts CASH, PERSONAL CHECKS and all MAJOR CREDIT CARDS.

_____**CARE CREDIT –** Upon approval from care credit, I will pay for each visit using the care credit or in advance for a series of treatments.

_____**INSURANCE POLICY COVERAGE** – I am totally responsible for charges I may incur at Eagle Health & Wellness, however if I choose to have Eagle Health & Wellness file my insurance claim, I will be responsible for 50% of the total fee for service at the time of visit and the balance will be due within 30 days.

With correct insurance information provided by the insured, Eagle Health & Wellness will agree to file your claim.* ***Please understand filing a claim does not guarantee payment.*

PATIENT/CLIENT NAME: (please print) _____

SIGNATURE/DATE _____DATE _____/_____/____