

SHIN Integrative Health Group Ltd.

Direct Billing Policy

We encourage all patients whose insurance policy allow direct billing to utilize our service to support our business by preventing contact transmissions. If your insurance company/policy does not pay providers directly an E-mail receipt will be issued as proof of payment for your own submission.

Consent to Collect and Exchange Personal Information: Please check boxes

- I understand the clinic and staff collect my personal information, billing and insurance information. I understand that my insurance may contact my healthcare provider concerning eligibility of my claims for the purposes of assessing my claims including the investigation of fraud/plan abuse, in which case my practitioner will cooperate and disclose information for fraud prevention purposes.
- I confirm I have consent from the primary insured plan member (if not myself) to collect, use and disclose any personal information about them for the same reasons as stated above.
- I hereby authorize my healthcare provider to directly bill my insurance company on my behalf for services provided at SHIN Integrative Health Group Ltd.
- I assume responsibility to pay any balance after treatment should my claim is denied, pending or does not pay the practitioner directly.
- I will no request my practitioner to bill my insurance for my missed appointments or late cancellations. I understand it is my responsibility as a patient to pay for them.

Direct Billing (Primary Account) Information:

Your full name:

Are you the primary member? Yes No

Date of Birth:

Do you have other members in your plan?
Yes No

Insurance Company:

Plan/ Policy number:

Member ID:

Secondary Account:

Primary member:

Policy ID #:

Member ID:

I understand the above Policies and I agree they are fair and reasonable.

Signature: _____ Date: _____