



Financial Responsibilities, Patient Rights & Responsibilities

Central Texas Wellness & Rejuvenation Center (CTWRC) does not hold a contract with any insurance companies at this time please note that your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and “usual and customary charges”.

All charges are your responsibility whether you attempt to file with your insurance for reimbursement or see us under our private pay terms, as we are not contracted with any insurance companies. All fees are due at the time of service.

Lab Billing:

CTWRC will often require you to have blood work. Please, if you would like to have your lab covered with your insurance provided the practice with a copy of your insurance card front and back, so we can have the lab file correctly. Due to varied contractual arrangements between lab companies and health insurance plans, please verify that you are being directed by your insurance of the appropriate lab that is covered by your insurance company. For example: CPL, Lab Corp., and Quest.

Returned checks and balances older than 90 days may be subject to collection placement and collection fees.

Please note that all cancelations are encouraged to be made within 24 hours of your scheduled appointment. This will allow the practice to fill this appointment if needed.

Occasionally a refund is due to you. We will provide this refund after 15 to 30 days of discontinued care. We will also allow this credit to be applied to a desired service or towards a supplement purchase of your choice.

You have the right:

- To speak with the staff about receiving an invoice for your visit/supplements to file with your insurance, if you feel that any portion of your cost may be covered by your insurance. CTWRC takes the following forms of payment: Cash, Checks, Visa, MasterCard, Discover, and Care Credit.

- To be treated with respect, consideration and dignity, without discrimination on the basis of race, color, sex, religion or national origin.
- To know the policy on rights and responsibility you have as a patient.
- To participate in decisions involving your health care, to be assisted in the development of advance directives and to know and take responsibility for the consequences of refusing treatment or not complying with therapy.
- To receive services in a safe and clean environment.
- To privacy and confidentiality and to approve or refuse the release of your medical records, except when release is required.
- To receive information concerning your diagnosis, treatments, prognosis, and to accept or refuse treatment after full information is given.
- To know what provisions are available for after hours and emergency coverage and to have access to an interpreter as needed in order to understand explanations.
- To know fees for services provided and the policies regarding the payment of fees.
- To be free from abuse or neglect to access protective services.
- To be referred to specialists and other professionals when needed and to change physicians if you are not satisfied and if other qualified physicians are available.
- To voice a compliment or complaint by calling (512) 757-8630

You have the responsibility:

- To provide, to the best of your knowledge, an accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- To follow the treatment plan recommended by the practitioner responsible for your care and for your actions if you refuse treatment or do not follow the practitioner's instructions.
- To keep appointments and when unable to do so, to notify the attending practitioner.
- To ensure that financial obligations of your health care are fulfilled as promptly as possible.
- To be considerate of the rights of the other patients and personnel and for assisting in the control of noise and smoking.
- To be respectful of the property of others.
- To ask for clarification when explanations regarding your treatment have not been given to your satisfaction.

About Advance Directives (if applicable)

Upon registration, we will ask you if you have an advance directive. An advance directive is a written document, which communicated your health care wished clearly. A copy of your advance directive must be placed in your medical records. There are two types of advance directives

A Durable Power of Attorney for Health Care – is a document that allows you to designate another person (known as a proxy agent) who is at least 18 years of age to make medical decisions for you in the event you are unable to do so. These decisions may include, but are not limited to, the withdrawal of life prolonging procedures.

A Living Will or Health Care Directive – is a document that allows you to state in advance you're wished regarding the use of certain medical procedures and treatments and becomes effective when you are unable to make your own decisions and can no longer communicate such decisions. It serves as a guide to your family or the person you name as your agent.

_____	_____	_____
Name of Patient	Signature of Patient	Date/Time
_____	_____	_____
Name of Witness	Signature of Witness	Date/Time
_____	_____	
Name of Legal Authorized Person	Date/Time	