



Insurance and Self Pay Agreement

Appt date: _____

Appt Type: _____

Insurance

I, the patient, agree that many of the services provided by Ultra Health & Wellness and Dr. Linda Kiley are likely considered non-covered services and experimental or investigational by insurance companies such as Medicare, Blue Cross, etc and not reimbursable. Ultra Health & Wellness **does not** submit bills to insurers on behalf of patients. In some cases for covered services such as urogynecology services, we may provide billing codes so if you have out-of-network benefits you might be reimbursed by your insurance company for some of these services. We make no warranties or guarantees that any of these services might be reimbursed by your insurer. **MEDICARE PATIENTS ARE NOT PERMITTED BY FEDERAL LAW TO SUBMIT ANY CLAIMS FOR SERVICES PROVIDED BY DR KILEY OR ULTRA HEALTH & WELLNESS OR ANY RELATED ENTITY PROVIDING DR KILEY'S SERVICES**

Self Pay

All services provided by Ultra Health & Wellness are to be paid for on the day that the services are rendered. Ultra Health & Wellness collects all fees for services at the time of the visit. I, the patient agree to pay for all services at the time of service and for future services, if purchasing a package program.

Laboratory fees, cultures and pap smears are not included in the amount you pay to our office UNLESS you are purchasing a package that includes lab work. The laboratories will bill you directly for those services. When possible, for covered services such as many urogynecology services, we can include your insurance information with the laboratory submission. See our separate handout on lab fees.

By signing below, I the patient, agree to the above conditions of service.

Patient name

Date

Signature of patient or authorized representative

Linda Kiley, MD
Ultra Health & Wellness
Palm Beach Gardens, FL 33410
561-701-2841