



ENHANCED WELLNESS *of* NEW MEXICO

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CLIENT FINANCIAL RESPONSIBILITY POLICY

PLEASE NOTE: I understand that the therapies offered at Enhanced Wellness are considered by most health insurance companies to be “medically unnecessary” or “experimental” and are therefore not billable or reimbursable. By signing this form below, I agree to be personally and fully responsible for payment of services as they are rendered. As a result, Enhanced Wellness of New Mexico will **not** bill health insurance companies for your treatments with us. We are a “client-pay” practice.

When you agree to have Enhanced Wellness of New Mexico treat you, you also agree that you bear full financial responsibility for all charges incurred at the time services are rendered.

By checking this box I am agreeing with the above stated terms.

Patient name (please print): Date:

Home address:

City: State: Zip:

Home phone:

Cell phone:

Work phone:

May we contact you via email? Yes No e-Mail address:

.....
Print Name

.....
Signature

.....
Date