

AzureWave Medical Services, LLC

Financial Policy and Payment Authorization

Practice Information:

AzureWave Medical Services, LLC
Internal Medicine – Personalized Primary Care
Type 1 NPI: 1871500991
Type 2 NPI: 1285505214
EIN: 99-3302008

1. Payment Responsibility

Payment is due at the time services are rendered unless prior written arrangements have been made. We accept cash, check, and major credit/debit cards. For patient convenience, a secure card-on-file may be required.

2. Insurance Billing

If AzureWave participates with your insurance plan, claims will be submitted as a courtesy. You remain responsible for all copayments, deductibles, coinsurance, and non-covered services. If insurance denies or delays payment, the balance becomes the patient's responsibility.

3. Concierge / Membership Services (If Applicable)

Membership fees are separate from insurance billing and are not reimbursable by Medicare or commercial insurance. Membership covers enhanced access and non-covered services as outlined in your Membership Agreement. Membership fees are due in advance and are non-refundable once services have begun.

4. Medicare & Medicare Advantage Patients

AzureWave Medical Services complies with all federal Medicare regulations. Membership fees do not replace or duplicate covered Medicare services. Covered services will be billed appropriately under applicable Medicare guidelines.

5. Non-Covered & Advanced Therapy Services

Services such as red light therapy, PEMF, oxygen-based therapies, wellness services, and certain preventive treatments may not be covered by insurance. Payment for these services is due at the time of service unless otherwise arranged.

6. Missed Appointments

Appointments require advance cancellation notice. Missed appointments or late cancellations may result in a fee. Repeated no-shows may result in dismissal from the practice.

7. Returned Payments

A service fee may be charged for returned checks or failed electronic payments.

8. Payment Authorization

I authorize AzureWave Medical Services, LLC to charge my credit/debit card for copayments, deductibles, coinsurance, membership fees (if applicable), therapy services, and any outstanding balances after insurance processing.

9. Assignment of Benefits

I authorize payment of medical benefits directly to AzureWave Medical Services, LLC for services rendered.

Acknowledgment

I have read, understand, and agree to the Financial Policy and Payment Authorization terms of AzureWave Medical Services, LLC.

Patient Name: _____

Signature: _____

Date: _____