



Health and Wellness Premium Services

- Phone: 561-318-1153 - Email: kdormand@hawpsllc.org - Fax: (561) 437-8410

Payment Agreement

This Payment Agreement is made between Health and Wellness Premium Services (HAWPS) and the patient receiving care.

By signing below, you acknowledge and agree to the following payment terms:

1. Payment Options: Health and Wellness Premium Services accepts both self-pay and insurance.
2. Self-Pay Fees: Payment is due at the time of service unless otherwise agreed upon.
3. Insurance: If using insurance, you are responsible for any copayments, deductibles, or fees not covered by your insurance provider.
4. Cancellation/No-Show Policy: You will be charged a \$25 fee if you fail to cancel your appointment at least 24 hours in advance or do not show up for your appointment.
5. Payment Methods: Payments may be made via credit card, debit card, or other approved payment methods.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____