



LANTERN  
*Health Consulting*

**LanteRN Health Consulting, LLC  
BILLING AND FINANCIAL POLICIES**

Patient Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**WE DO NOT BILL INSURANCE**

LanteRN Health Consulting, LLC is a PRIVATE PAY service, so we will not submit claims on your behalf to your insurance. A 25% non-refundable deposit is due at the time of booking to reserve your appointment. The full balance must be paid by the date of service indicated on the service agreement. If you are unable to pay the total balance by the time of service, your appointment may be canceled. Deposits and payments are non-refundable, unless extenuating circumstances such as cancellation of procedure by medical provider or healthcare facility.

We may provide you with a Superbill or a receipt for services for you to submit to your insurance carrier for reimbursement. We cannot guarantee your carrier will reimburse you for the services provided by LHC.

**Acceptable Forms of Payment:** We accept major debit & credit cards only.

Cards – LHC uses a highly secure credit card payment system. We accept all major credit cards and FSA/HSA cards.

**Past Due Accounts:** Patients' accounts that go unpaid for over 60 days or more may be submitted to a collections agency.

**Agreement:** By signing this agreement, you indicate that you have read and understand this Billing and Financial Policy. Your signature below indicates that you accept this policy and agree to abide by the terms and conditions set forth herein.

\_\_\_\_\_  
Signature of Patient (Age 14+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date