

Financial Terms and Conditions

Services provided through the *Welliot at River's Edge* are subject to applicable fees and prices. Prices are subject to change.

Registration:

All Clients receiving services within the Elliot Health System's *Welliot at River's Edge* will be registered as patients of the Elliot Health System. As such, clients will be asked to provide necessary demographic information. Information kept is subject to our EHS *Notice of Privacy Practices*.

Acceptable Methods of Payment:

Upon registration for services, clients will be charged for selected services through Elliot Health System's billing system. Payment for services is expected at the time of registration. Acceptable forms of payment are cash, check, and credit or debit card(s). Some insurance providers reimburse for participation in exercise (gym memberships, etc.). We strongly recommend that our members take advantage of such incentives. It is the responsibility of the Client to process and manage any exercise program insurance reimbursement. We will provide receipt for payment and, if possible, any additional documentation that insurer may require.

Payment Options:

Memberships at the *Welliot at River's Edge* are due on the 1st of each month. Payments are accepted by a recurring payment policy. Members will be required to provide credit/debit card information and complete an authorization for recurring payment form. **Recurring payments will continue until the client has notified Welliot staff they wish to cancel the payment.**

******* Membership dues are collected regardless of usage *******

Billing and Collection:

Any outstanding balances will be subject to billing through Elliot Health System, and may be pursued through third party collections if outstanding according to Elliot Health System policy.

****I understand to cancel my membership, I will need to return my badge to a staff member and sign a cancellation form.**

I have read and agree to the above Financial Terms and Conditions.

Client Signature: _____ Date: _____



A Member of  SOLUTIONHEALTH

Informed Consent and Acceptance of Risk

- I hereby consent to participation in a fitness program at the Welliot at River's Edge that may include individual and supervised fitness activities for the purpose of safely improving my health status, fitness level and quality of life.
- I understand that Elliot personnel will work with me to design and monitor a fitness program that takes into consideration my current physical health, goals, needs and health risk factors.
- I understand that I am expected to use the facility in accordance with the fitness plan developed in conjunction with the Elliot staff and the policies of the Welliot at River's Edge and that my failure to adhere to the fitness program designed for me may reduce the safety of the program and increase the likelihood of adverse health consequences. I agree to abide by any exercise limitations or restrictions as advised by my physician or Elliot staff.
- I understand that I must inform Elliot staff of any changes in my health status and prescription medication regimen during the course of my fitness program, whether or not such changes are related to exercise. Elliot staff reserves the right to modify or limit my fitness program as circumstances warrant, in accordance with my best health interests.
- I understand that I must inform Elliot staff of any unusual symptoms or discomfort that may occur before, during, or after exercise including, without limitation, pain, fatigue, shortness of breath, chest discomfort, faintness, dizziness, or joint or muscle pain.
- I understand that any exercise regimen carries with it inherent health risks including, without limitation, risks that may lead to serious physical injury, disability, heart attack, stroke or death. I have been informed of these risks, understand them, and accept them in connection with undertaking this fitness program. I hereby release and hold harmless Elliot Health System and its agents, employees, and affiliates, from and against any claim or cause of action for death, injury, or damages arising out of my use of the Welliot at River's Edge.
- I understand I have the right to access the Welliot at River's Edge during the facility's regular business hours, as they may change from time to time. Provided, however, that under circumstances that Elliot determines, in its medical judgment, that Client's unrestricted use of the facility presents an unacceptable risk to Client, then it reserves the right to restrict Client's use of the facility including, without limitation, requiring that Client utilize the facility at designated times or under more stringent supervision.
- I understand the Elliot reserves the right to terminate a membership under circumstances where it is determined to be in the Client's best medical interest; where Client fails to comply with Elliot's recommended fitness program; where Client fails to adhere to the rules and policies of the facility, as communicated to Client from time to time; where Client fails to meet his or her financial obligation for the use of the facility; where Client is disruptive or poses a threat to any other Clients or to facility staff; or

for such other similar good cause which, in the reasonable judgment of Elliot, warrants such termination.

- I give permission to the staff at the Welliot at River's Edge to leave messages either on an answering machine, voice mail, or with a family member/designee.

Client Signature: _____

Date: _____

Clients Name Printed: _____

DOB: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Home Address: _____

Emergency Information

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____

Medications: _____

Allergies: _____