Direct Billing: Extended Health Benefits & Financial Responsibility

Lime Health offers direct billing to most Extended Health Benefit (EHB) providers as a convenience. Direct billing is **not** a guarantee of payment or coverage. Insurance plans vary, and it is the patient's responsibility to understand their benefits, including eligible services, coverage limits, co-payments, deductibles, and any annual maximums. Patients are encouraged to contact their insurance provider before each appointment to confirm coverage.

To use direct billing, a valid credit card must be securely kept on file. By signing this consent, you authorize Lime Health to charge your credit card for any amounts owing, including but not limited to:

- Co-payments, deductibles, or patient portions.
- Services not covered by your insurance plan.
- Claims that are denied, rejected, exhausted, or reversed by your insurer.
- Outstanding balances not paid by any third-party payer.
- Fees owing under our cancellation or no-show policy.

Under Alberta Accident Benefits legislation, patients receiving treatment for a motor vehicle accident may be required to use all available Extended Health Benefits before automobile insurance benefits will pay for treatment. This includes benefits available through your own plan, a spouse or partner's plan, or any private health insurance plan.

If your Extended Health Benefits reimburse you directly, payment to Lime Health is due immediately upon receipt of those funds. Failure to submit available benefits, disclose available coverage, or provide requested insurance information does not relieve you of financial responsibility.

Patient Acknowledgement

By signing below, I acknowledge that:

- I understand that direct billing is a courtesy and is not a guarantee of payment.
- I am responsible for all treatment fees not paid by my insurer or any third-party payer.
- I authorize Lime Health to charge my credit card on file for any outstanding amounts owing in accordance with this agreement.
- I understand that this authorization remains in effect for the duration of my care at Lime Health and until my account has been paid in full, unless otherwise required by law.

Patient Signature: _____

Date: _____