

Financial Responsibility Agreement

Thank you for choosing us as your behavioral healthcare provider. We are committed to providing quality care and service to our clients. The following is a statement of our financial policy, which we require that you read and agree to before any treatment.

Policies

Please understand that your bill payment is considered part of your treatment. Fees are payable when services are rendered. We accept checks and credit cards.

It is your responsibility to know your insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company.

We will attempt to confirm your insurance coverage before your treatment. You are responsible for providing current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.

We will bill your insurance company first, less any copayment(s) or deductible(s), and then bill you for any amount determined to be your responsibility. This process generally takes 45-90 days from when the insurance company receives the claim

Proof of payment is required for all patients. We will ask you to make a copy of your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that your insurance company will cover the services rendered.

Please understand that some insurance coverages have Out-of-Network benefits, co-insurance charges, higher co-payments, and limited annual benefits. If you receive services and are part of an Out-of-Network benefit, your portion of financial responsibility may be higher than the In Network rate.

No-shows, late arrivals (arrival 15 minutes after the session start time), and cancellations (within 12 hours of the start time) will be charged a \$25 fee, excluding medical emergencies or sudden illness. This fee will be waived for the first incident once every calendar quarter to accommodate unforeseen, non-medical emergencies or illnesses.

These fees do not apply to Medicaid (CBH) clients.

The following programs and services may require additional fees billed separately from copayment or deductibles; Camp Connect, Early Childhood Program, ESY, and transportation.

I have read the financial policies contained above, and my signature below acknowledges a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and payment for services provided to me, I assume financial responsibility and will pay all charges in full.