



FINANCIAL POLICY

Compassionate Behavioral Health Care believes that part of a good healthcare practice is to establish and communicate a financial policy to our patients. We appreciate you choosing us as your behavioral care provider and are dedicated to providing the best possible care for you. As part of our relationship, we want you to completely understand our financial policy. Please read it, feel free to ask us if you have questions and sign in the space provided. A copy will be provided to you upon request.

Insurance

We participate in most insurance plans including Medicare and Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we are contracted with, but don't have an up-to-date insurance card, payment in full for each visit is required until we verify your coverage. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Coverage Changes.

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Financial obligations

Copayments and Deductibles: All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

We accept payments by cash, electronic payment, and credit cards (Visa, Master Card). Payment is expected in full at the time of service.

Non-Covered Services: Please be aware that some – and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit.

Self-Pay Patients.

If you are uninsured, you will be expected to pay in full at the time of service. (See **Billing Rates**)



Non-Payment /Bad Debt. If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payment will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, and you may be discharged from this practice. If this occurs, you will be notified by regular mail that you have 30 days to find alternative care.

Patients Records: If you transfer to another physician, we will provide a copy of your records to that physician free of charge. We do require that a records transfer form is filled out prior to records being sent.

Please allow 7 -10 days for processing. For records from other physicians' offices, you will need to contact them directly.

Missed appointments: Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you.

The administrative fee for a no-show office appointment is \$50.

Please note when an appointment is scheduled, you receive a text message of the upcoming appointment. Additionally, 24 hours prior to your appointment you receive a second text message reminding you of your appointment.

Billing Questions: If you have questions in regards your billing statement from our office do not hesitate to contact us.

I have read and understand the financial policy and agree to abide by its guidelines.

Signature of Patient

Date