Associates in Mental Health Consent for Treatment & Financial Policy

TREATMENT

You and your clinician will work together to identify goals and options. The length of time in treatment will vary according to individual needs and will be discussed throughout the course of your care. You are encouraged to talk as openly as possible about the problems you are experiencing so that your clinician can better assist you in treatment planning. Your clinician will inform you about treatment options and will include potential benefits and risks associated with those options. You do have the right to refuse treatment. As mental health treatment is an inexact science, no guarantee can be made as to the success of such treatment.

PAYMENT POLICIES

We accept cash, personal checks, debit cards, MasterCard, Visa, American Express and Discover. Payment of copays and deductibles are due at the time of service.

Associates in Mental Health schedules appointments by a block of time for each patient. **If you are unable to attend your scheduled appointment, we reserve the right to charge the full office fee for any late notice cancellations or missed appointments.** Your insurance will not cover this charge. If you have any questions regarding this policy, please discuss them with your clinician.

As insurance is a contract between you and your insurance carrier, you are responsible for payment of all charges. You must provide proof of insurance at the time of your initial visit and are responsible for providing this office with changes in insurance coverage. Failure to do so may result in denial of your claim. As a matter of courtesy to our patients, we will submit charges to your insurance company. Any amount that your insurance company will not be paying such as co-pay or deductible is due from you at the time service is rendered. If your insurance company has not paid within sixty days or denied coverage, the balance will be billed to you for immediate payment. **If you do not have insurance, payment in full is required at the time of service.** If there are any problems with meeting your financial obligations, please speak with your clinician.

Some managed care companies require the patient to get **PRIOR** approval and an authorization for their visit. If you fail to get necessary prior approval for your visit, payment in full is required at the time of service.

If a patient’s bill remains unpaid, Associates in Mental Health reserves the right to terminate care and provide your name, basic identifying information and the amount of the unpaid balance to collection services or an attorney.

ASSIGNMENT OF BENEFITS

Insurance Authorization/Release: By signature below, I hereby authorize Associates in Mental Health to release any and all information necessary concerning my diagnosis and treatment for the purpose of securing payment from my insurance company; and thereby authorize payment of the insurance benefits directly to Associates in Mental Health for any and all services rendered.

Medicare Authorization/Release: By signature below, I request that payment of authorized Medicare benefits by made on my behalf to Associates in Mental Health for any and all services rendered to me by their providers. I hereby authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

My signature below indicates that I have read and understand the foregoing information relative to my responsibility for the services provided as well as authorizing the release of medical information as required to process claims and benefits to which I am entitled.

Patient Signature: ____Date: ____________________________

Patient Name Printed: ____DOB: ____________________________

On behalf of a minor child or guardian:
Responsible Party: ____ Date: ____________________________