

## **PATIENT RIGHTS/RESPONSIBILITIES FINANCIAL POLICY**

### **PATIENT RIGHTS**

#### **I have a right to privacy and confidentiality.**

All records and communications about me will be treated confidentially in compliance with applicable state and federal laws. These laws may obligate my provider or insurance carrier/managed care company to report suspected abuse or neglect, domestic violence, and those who pose a danger to themselves or others and when disclosure is required pursuant to legal proceeding. In these cases I understand that my provider may have to break confidentiality.

I understand that in order for my insurance or managed Care Company to pay for services my provider must submit to the company a diagnosis, which describes a mental disorder of which my child or I suffers. This information is often stored in a medical information data bank that other insurance companies may access when I apply for insurance. I realize that if I do not wish to release this information, I must pay cash for services.

#### **My health is my responsibility.**

I will contact my treatment provider for any serious situation that arises, even if after normal office hours. I will work with my provider to achieve my treatment goals and will advise my treatment provider of changes in my condition. I understand that I can terminate treatment at any time. I understand that the clinic and/or my provider can terminate services at any time.

#### **Informed Consent:**

By signing below I acknowledge reading, understanding, and agreeing with the above policies and information. I understand that if I do not understand or have any questions about these policies, I may discuss them with my provider.

#### **Patients Without Insurance:**

All patients without insurance are required to pay in full for the service rendered at the time of the appointment.

#### **All Patients With Managed Care Plans:**

It is your responsibility to know and understand your managed care plan. Generally, these plans require payment of deductibles and/or co-payments. Patients are required to pay for services according to their insurance contract at time of service.

#### **All Patients With Insurance:**

If our office is contracted with your insurance company, we will file your insurance claims if you provide us with the proper information along with a copy of your current insurance card. In the event your insurance overpays, we will refund the overpayments to you promptly upon written request. Otherwise, overpayments will be credited to your account for future services. If your insurance company does not pay within 60 days, you are responsible for the remaining balance and you will be billed accordingly.

If we are not a participating provider with your insurance plan, we are unable to charge your insurance company and you will be responsible for all the charges incurred. We will gladly provide you with a superbill and you can file a claim directly with your insurance company.

**Prescription Refills:**

The physician needs to see you first before starting any new medications. For medications that you are already taking, please allow up to 3-5 working days for your refill request to be completed.

**Cancellation Policy:**

There is a charge of \$50 for failed appointments/late cancellation of appointment when less than 24 hours notice (Monday through Friday, not including weekends and holidays) is given by the patient

**After three failed appointments services may be terminated by the clinic. Reminder calls to our patients are offered as a courtesy.**

If you do not contact us at 24 hours in advance of your first appointment in our office, and you miss your appointment, you will be charged a fee of \$150.00. This fee must be paid before we can reschedule an appointment for you to see the Medical Provider.

**Late Arrival:**

Please try to come to your appointment on time. If you arrive more than fifteen minutes late for your appointment, you may be rescheduled for a different time and date. You will be charged a missed appointment fee.

**Same Day Appointments:**

Most insurance companies do not pay for two mental health visits on the same day. If you schedule visits with your psychiatrist on the same day that you meet with your counselor/therapist then you may be expected to pay for one of these visits.

**Emergencies:**

In the event of life threatening emergency, please contact the nearest emergency room or call 911

**Payment For Services:**

Payments may be made by check, cash or credit card (Visa, Master Card, or Discover). There will be at \$35 fee for checks returned for insufficient funds in checking account. There is a \$ 30.00 fee due at time of service for any documents or forms that need to be processed or filled out by your provider. Please allow one week for all forms to be completed.

**ASSIGNMENT OF BENEFITS**

**I authorize payment of insurance benefits to COMPASSION HEALTHNETWORK for services rendered and agree to all the above terms.**

\_\_\_\_\_  
PATIENT NAME (PRINT):

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
LEGAL GUARDIAN IF MINOR (under 18):

\_\_\_\_\_  
DATE: