EPIC COUNSELING - FINANCIAL RESPONSIBILITY STATEMENT & CONTRACT

CLIENT'S NAME: _____
RESPONSIBLE PARTY FOR PAYMENT:_____
FEE: $ _____

THE BENEFITS BELOW WERE QUOTED TO EPIC COUNSELING BY YOUR INSURANCE COMPANY. YOU ARE FINANCIALLY RESPONSIBLE FOR ANY FEES THAT YOUR INSURANCE COMPANY DOES NOT COVER. WE ARE NOT RESPONSIBLE FOR INACCURATE INFORMATION YOUR INSURANCE COMPANY HAS GIVEN US.

INSURANCE DEDUCTIBLE:_____
CLIENT CO-PAYMENT %: _____
INSURANCE CO-PAYMENT %:_____OF REASONABLE & CUSTOMARY
(WE WILL NOT KNOW THE EXACT COVERAGE UNTIL A CLAIM HAS BEEN PROCESSED)
NUMBER OF COVERED SESSIONS ALLOWED PER YEAR: _____

I understand and agree that .....

1. I am responsible for the charges I incur as a result of counseling and /or assessment.
2. Charges are based on the amount of professional time used.
3. A late cancellation charge of $75.00 may be billed if I do not notify the office 24 hours prior to my appointment. This charge will be billed to me, not the insurance company.
4. All payments are due at the time services are rendered unless other arrangements have been made in advance.
5. I will be responsible for paying the full amount of fees which are not covered by insurance or other 3rd party payers.
6. It is my responsibility to know what my deductible is and the percentage at which my insurance reimburses fees for counseling. Epic Counseling will call and check with my insurance company regarding these items as a courtesy to me. The figures given to Epic Counseling are not guaranteed to be the coverage benefits otherwise payable to me.
7. I authorize payment directly to Epic Counseling of the coverage benefits otherwise payable to me.
8. I authorize the release of any medical information necessary to process this claim. This information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits. I may revoke this consent at any time by providing written notice. I have been informed what information will be given, its purpose, and who will receive it.
9. I will notify Epic Counseling of any changes in my insurance or in my financial situation.
10. I will notify Epic Counseling of any changes in my address and/or telephone number.
11. Should my account become more than 120 days delinquent, it may be turned over to a collection agency.

My signature below acknowledges that I agree to all of the above and consent to treatment at Epic Counseling. My signature also acknowledges that I have received a copy of this agreement and a copy of the Epic Counseling Financial Policy Statement. If applicable, my signature also indicates that I am signing for a minor child named above.

_____

Signature (Client or Guardian) Date

_____Sig

Signature (Person responsible for payment) Date

Financial Policy
Epic Counseling Group

The staff at Epic Counseling Group (hereafter referred to as the clinic) are committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services we have established a financial policy which provides payment policies and options to all consumers. The financial policy of the clinic is designed to clarify the payment policies as determined by the management of the clinic.

The Person Responsible for Payment of Account is required to sign the form, *Payment Contract for Services*, which explains the fees and collection policies of the clinic. **Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.**

As a service to you, the clinic will bill insurance companies and other third-party payers, but can not guarantee such benefits or the amounts covered, and is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

The Person Responsible for Payment (as noted in the Payment Contract for Services) will be financially responsible for payment of such services. The Person Responsible for Payment of Account is financially responsible for paying funds not paid by insurance companies or third-party payers after 90 days. Payments not received after 120 days are subject to collections. **Insurance deductibles and co-payments are due at the time of service.** Although it is possible that mental health coverage deductible amounts have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that were prior to the first session at the clinic), this amount will be collected by the clinic until the deductible payment is verified to the clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.
Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the Payment Contract for Services.

Payment methods include check, cash, or the following charge cards: Visa, MasterCard, American Express, and Discover.
Questions regarding the financial policies can be answered by the office staff or Executive Director.
I (we) have read, understand, and agree with the provisions of the Financial Policy.