Baber Psychiatric Group

Financial Policy

Patient Name_____

All patients must complete our Information and Insurance form before seeing the doctor.

Insurance Patients
You are responsible for deductibles, co-pays, non-covered services, co-insurance and items considered "not medically necessary" by your insurance company. Please pay co-payments and co-insurance amounts as services are rendered. The remaining balance should be taken care of within ten (10) days of receiving our statement. If you and your insurance carrier make a payment exceeding your balance, re-imbursement will be remitted. If payment cannot be made at each visit, notify the office manager to make other arrangements.

Regarding Indemnity Insurance
We may accept assignments of insurance benefits after your second visit. However, we do require 50% of the bill to be paid at time of service. The balance is your responsibly whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your credit card or the extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Patient Co-Pay
If you insurance requires you to pay a co-pay, it is due on the date of service.

Payment and Collection Procedures
Statements will be sent to the patient for any unpaid balances and payment must be received within 10 days of receipt of the statement. If this is not possible, patient should contact the office to setup financial arrangements. If the balance is not paid within 90 days of receipt of the statement, and if no attempt to setup a financial arrangement has been made, the patient's account will be sent to our collection agency.

Not-Insurance Patients (Private Pay) or
Patients Who Fail to Provide Insurance Information are required to pay at time of service. A payment plan can be arranged with the office manager in hardship cases.

Minor Patients
The adults accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, VISA, MasterCard, or payment by cash or check at the time of service has been verified.

Usual and Customary Rates
Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Release of Information
I give my consent to Baber Psychiatric Group to release to my insurance carrier(s) and/or CMS (formerly HCFA) and its agents any information needed to determine benefits payable for related services. I also give my consent to Baber Psychiatric Group to release to other physicians, laboratories, home healthcare facilities, and any other organizations that would require patient's information, patient records that would assist in providing the patient follow-up care.

I have read and agree to the financial policies stated above that applies to me and I agree to the financial arrangements.

X_____
Patient or responsible party signature Date