EVERGREEN COUNSELING NORTHWEST

FINANCIAL AGREEMENT

Provider Policy on Insurance and Billing Practices

Your provider seeks to communicate in clear terms the policies that will govern the range of insurance billing and collection practices. This financial policy has been established with these objectives in mind.

- Your insurance may or may not cover the cost of your office visits, tests or certain procedure codes. Non-covered and out-of-network services are the responsibility of the insured.

- Your provider is a participant with numerous insurance companies, but not all. While you will be provided with the best information available, it is your responsibility to check with your insurance company prior to the visit to verify coverage and benefits.

- You are required to pay any co-pay and/or deductible at the time of the visit. Payment may be made with cash, check or accepted credit card (Visa or MasterCard only).

- A service charge of $30.00 will be assessed for all checks returned by your bank for nonsufficient funds or written on a closed account.

- If the billing department is working on a disputed claim on your behalf, you will be financially responsible until such dispute is settled.

- The billing department is pleased to assist you with insurance questions that relate to how a claim was filed or provide additional information the insurance carrier might need to process the claim. Specific coverage issues, however, can only be addressed between the insurance company and the subscriber of policy. (The phone number is usually printed on the back of the insurance card.)

- It is your responsibility to provide correct insurance information and to bring your current card to each visit. You will be financially responsible for any services received wherein this office has been provided with incorrect or outdated insurance information.

- Overpayments will be reimbursed per our reimbursement calendar.

- All unpaid balances after 90 days will be considered in default. This could result in your account being turned over to a collection agency. In the event you do not pay for the services provided to you, you will be required to pay for collection costs, as well.

- You, as client/patient, are responsible to pay the full fee for any scheduled appointment canceled without 24 hours of notice.

I have reviewed the above policies, have had all questions answered to my satisfaction and, by my signature, indicate I understand and agree to abide by these policies.

Signature:_____ Date:_____
(Person responsible for account)