

J C Center for Psychiatric Services

43200 Dequindre Rd., Suite 103

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FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your health care provider. The following is our Financial Policy. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our office staff. We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the doctor.

Payment of all deductibles and co-payments are due at the time services are rendered. We accept cash or checks. In most instances, we may accept assignment of insurance benefits. However, you must understand that if we do not participate with your insurance carrier:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not with your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and copays are due at the time of treatment.
4. If the insurance company does not pay your balance in within 30 days, we may ask that you contact them to assist with the claim.
5. If the insurance company does not pay in full within 60 days, we require you to pay the balance due.
6. Returned checks will be subject to an additional \$40.00 collection fee.
7. If your insurance requires preauthorization, you are required to call your insurance company and get the initial authorization. If you do not get this authorization, you are responsible for full payment at the time of service. If a co-payment is required by your insurance, this is due at the time of service.
8. All balances older than 90 days will be reviewed and turned over to the Collection Agency for payment or will be sent to our Legal Counsel.
9. If an appointment is missed without a 48-hour notice a \$75.00 NO SHOW charge will be billed directly to you because insurance companies will not pay for missed or late cancelled appointments. Payment for a missed or late cancelled appointment will be due by the time of the next scheduled appointment.
10. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account. Do not hesitate to talk with your doctor about any payment problems.

PATIENT/GUARDIAN SIGNATURE:

_____DATE:_____