





## TERMS OF PAYMENT

In accordance with the income and expense information I reported to Madraigos Midwest, I agree to pay the self-pay amounts set forth above.

- I agree to inform my clinician of changes in my financial situation which may result in a new self-pay amount. I understand that all self-pay amounts will be reviewed at least annually.
- I understand that I may be charged for sessions canceled without 24 hours prior notice and that my insurance cannot be billed for missed sessions.
- Payment is due at the time of service. Madraigos Midwest reserves the right to not schedule to next session if the payment is not met.
- I agree to pay for each service at the time of check-in unless credit arrangements have been approved beforehand. Payments may be made by cash, check, money order or credit card (Master-Card, Visa or Discover). I understand that if payment is not made on a regular basis, services may be discontinued.
- I understand that the Madraigos Midwest subsidizes the difference between the full payment for services delivered and monies collected from clients insurance.

Part 3 – INSURANCE/OTHER

## ROLES AND RESPONSIBILITIES

- We will facilitate the utilization of your insurance benefits by performing benefit verification, submitting your claims, and responding to your insurance company's requests for information in a timely manner.
- We are responsible for facilitating any pre-notification, pre-certification, or pre-authorizations if we are informed that it is required.
- We will work with your insurance company to sort out any confusions or questions that may arise. If necessary we will request that you contact your insurance company to assist with the resolution of any problems.
- You are responsible for providing current and complete insurance information. If we do not have a copy of your current insurance ID card we will not bill the insurance company and the client will assume full responsibility for payment.
- We recommend that you verify your benefits and verify that we are an in-network provider under your plan. Our staff will perform a verification of benefits as a courtesy to supplement your own benefit verification. Any "verification" of benefits is NOT a guarantee of coverage.



- Although we do our best to keep track of any maximums allowed per year or per authorization, you are ultimately responsible for tracking any benefit maximums which may pertain to your policy. Any services which exceed these benefit maximums has become client responsibility.
- You are responsible for co-payments, co-insurance and deductibles as specified by your insurance plan as well as any changes which are considered “non-covered” or “excluded” by your insurance including services which are denied for no pre-authorization, pre certification, or pre-notification; or, deemed as not medically necessary.
- You are responsible for being aware of the status of all claims through reviewing correspondence sent by your insurer. This includes claims which are delayed in processing due to circumstances such as review for medical necessity or fulfillment of any administrative requirements. After resolution of the delay, large balances may result for which you are fully responsible.
- If the insurance company sends the check directly to you, payment is expected to be made to Madraigos Midwest immediately along with a copy of Explanation of Benefits.
- If your insurance requires a self-referral, you are responsible for complying with your insurance plan’s referral requirements.

I have insurance.

I do not have insurance.

I have insurance but am not willing to use it for services (A waiver, approved by the Clinical Directors, is required if client has insurance and exception is related to psycho-social issues.

Other-Specify \_\_\_\_\_

Responsible Billing Party Signatures \_\_\_\_\_ Date \_\_\_\_\_

Responsible Billing Party Signatures \_\_\_\_\_ Date \_\_\_\_\_

Effective Date \_\_\_\_\_ Redetermination Date \_\_\_\_\_

Clinician Signature and credential \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

When form is completed, copy will be made available for the client.

NOTE: USE SEPARATE TEMPORARY FEE FORM IF UNABLE TO DETERMINE ONGOING FEE AT TIME OF FIRST SERVICE OR REDETERMINATION