FINANCIAL RESPONSIBILITY AGREEMENT

Client Name: _____ DOB: _____

Professional Fees, Billing, & Payment

Our fees are provided on our website (http://www.campbellpsychpa.com/rates-insurance) and a written copy is available upon request. Payment is due at the time of service. Acceptable forms of payment include check and credit card. We encourage you to keep a credit card on file, to ensure you stay current with payments.

- If the assigned clinician is in-network with the client's insurance plan: Fees are determined according to the rules of the insurance plan. Once insurance coverage and policy limits are verified, the insurance plan will be billed for you. You are responsible for any co-payments and deductibles at the time of service. You are also responsible for fees for any services that are ultimately not covered by the insurance plan. If there are changes to the client's insurance coverage, it is your responsibility to inform us right away.
- If the clinician is out-of-network with the client's insurance plan: You are responsible for payment in full at the time of service, based on our professional fees. CPS will provide you with the necessary documentation so that you can submit a claim to the insurance plan and request reimbursement for the amount allowed by the insurance plan. It is your responsibility to coordinate with the insurance plan to determine out-of-network benefits and request reimbursement.
- Private pay: If the client does not have insurance or has insurance but chooses not to use it, payment is due in full at the time of service.

Fees for Missed Appointments

Cancellations must be made at least 24 hours before scheduled appointment times, otherwise there is a Missed Appointment fee which is automatically applied. You are responsible for this fee; insurance does not pay for missed appointments. Further information regarding our Missed Appointment policy is available in the Service Agreement.

Unpaid Balances

Any client balance that remains unpaid more than 30 days past the end of treatment may be turned over to a collection service.

Medical Assistance Clients

Medical Assistance clients are not responsible for any fees, except under the following conditions:

1. If a service not covered by M.A. is provided, and the fee is agreed upon on writing before the service being provided.
2. If the client's Medical Assistance coverage lapses, you may be charged for service provided during the time the client was not covered by Medical Assistance.

I authorize the release of any information necessary to process insurance claims for the client, and I authorize payment of health benefits directly to Campbell Psychological Services for any service rendered. I understand that I am ultimately responsible for the account balance for any professional services rendered, as well as fees for any missed appointments. I further understand that any balance that remains unpaid more than 30 days past the end of services may be turned over to a collection service.

_____ _____

Name of responsible party (print) Relationship to client

_____ _____

Signature of responsible party Date