

Central Behavioral Healthcare, Inc.
Financial Policy

We are dedicated to providing the best possible care for you and want you to understand our financial policies completely.

1. Payment is due at the time of service unless arrangements have been made in advance. (We accept cash, checks, MasterCard. and Visa.)
2. Your insurance policy is basically a contract between you and your insurance company. Please be aware that you as a patient are responsible for knowing what type of insurance coverage you have, if the therapist you are seeing is a participating provider, the amount of your co payment or deductible, and if a referral is a needed prior to visit. If you have an insurance question regarding your specific plan, please call your insurance company directly.
3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. As a courtesy to you, we will file your insurance claim if you assign the benefits to be paid directly to us. We will bill them, but if you are required to pay a co-payment or if you have a deductible to meet, payment to us is expected at the time of your visit. If your insurance company does not pay us within a reasonable period of 2 months, we will have to collect from you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
4. If you are insured by a plan that we do not have a prior arrangement with, we will send the claim for you on an “out-of-network” basis. This means any payment from the insurer will go directly to you. Therefore, our charges for your care must be paid to us at the time of service.
5. Not all insurance plans cover all services. In the event your insurance plan determine a service to be “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of a billing statement from our office.

I have read and understand the financial policy of Central Behavioral Healthcare, Inc. and I agree to be bound by its terms. I also understand and agree that such terms may be amended by Central Behavioral Healthcare, Inc.

Signature of patient (or responsible party, if minor)

Date

Please print the name of the patient