

MIDWEST BEHAVIORAL HEALTH

Patient Information & Financial Policy

ALL PAYMENT IS DUE AT THE TIME OF SERVICE

Understanding your financial responsibilities is important to controlling costs and an essential element to your care and treatment. We require that you read and sign this document prior to receiving treatment. If you have any questions regarding these policies, please contact our office staff.

CO-PAYMENTS, DEDUCTIBLES, AND FEES:

- All co-payments, insurance deductibles, and fees for services not covered by insurance are due at the time of service.
- There is a \$5.00 processing fee for payments not paid at the time of service.
- We accept cash, personal checks, and credit cards (VISA, MasterCard, Discover). Payments are also accepted by phone and online.

MINORS & PATIENTS WITH DIVORCED PARENTS:

- Whoever (parent, grandparent, babysitter, etc.) accompanies a minor to his/her appointment is expected to bring payment at the time of service.
- For separated or divorced parents, payment is expected from the parent bringing the child in for treatment. We will not bill another parent for payments due at time of service; regardless of which parent is responsible for the insurance.
- Unaccompanied minors will be denied nonemergency services unless prior arrangements have been made for payments due at the time of service.

INSURANCE:

- Your insurance policy is a contract between you and your insurance company; MBH is not a part of this contract. **It is your responsibility to know and understand the provisions, limits, and requirements of your individual benefit plan(s).**
- As a service to you, our office will file your insurance claim for you; however, we cannot guarantee benefits or payments. **You remain financially responsible for all services provided by this office.**
- If your insurance carrier denies payment for services, you remain financially responsible for payment regardless of any insurance company determination, quote, or misquote, except where prohibited by law or prior contractual agreement.
- Please bring your current insurance card to each visit and notify our staff of any changes in your coverage, address, telephone or family status.

BILLING STATEMENTS:

- The balance on your statement is due and payable upon receipt, and is past due if not paid within thirty (30) days.
- If the balance is not paid in full or other arrangements made with our office, a \$5.00 processing fee will apply for each additional statement.
- Payments can be made in person, by mail, by phone or online.

PAST DUE ACCOUNTS:

- If your account balance is overdue by sixty (60) days or more, with no attempt to set up a payment plan; all future appointments will be cancelled and you will not be given the opportunity to make a new non-emergency appointment until payment is made.
- If your account must be sent to a collection agency, you will be responsible for all fees incurred from the collection agency &/or attorney.
- Financial noncompliance may result in termination from the practice.

RETURNED CHECKS:

- There is a \$35 charge for checks returned for insufficient funds and may require future payments to be paid by cash, credit card or money order.

CANCELLED, LATE, AND MISSED APPOINTMENTS:

- **There is a \$35.00 fee for missed appointments or cancellations made less than 24 hours in advance of the scheduled appointment.** This fee is not covered by insurance and must be paid prior to your next appointment.
- Patients who arrive more than 5 minutes past their scheduled appointment time may need to be rescheduled and will incur a missed appointment fee.
- We reserve the right to discharge you from the practice for no-shows or habitually cancelling/rescheduling your appointments.
- Appointment reminder calls are made 2 days prior to your appointment as a courtesy and are not guaranteed. You are responsible for your scheduled appointment time even if you do not receive a reminder call from us.

PRESCRIPTIONS & REFILLS:

- **Medication refills require a 72 hour notice and will be made only during normal office hours, Monday through Friday.**
- "Walk-in" requests for refills will not be honored. This includes requests made during scheduled visits with our non-physician providers.
- We do not consider medication refills an "emergency." If you run out of medication over the weekend/ holiday and forgot to call for a refill, it will have to wait until normal business hours.
- Unless your medication requires a written prescription, please contact your pharmacy for refills and they will contact our office directly.
- Medications require physician monitoring. We will not refill prescriptions for patients who have not had adequate follow-up visits.
- We will not refill a prescription for a patient who has not been seen in the last 6 months.
- You are responsible for the controlled substance medications prescribed to you. If your prescription is lost, misplaced, or stolen, or if you "run out early," or "spill or misplace" your medication, please understand it may not be replaced.

- There is a \$15.00 charge to re-write a prescription. This charge is not covered by insurance and must be paid prior to receiving the prescription.

SAMPLES:

- Sample medications may be offered to allow you to try out a medication before you purchase it. Samples are not available for long term use.
- Sample drugs will be dispensed only during regularly scheduled appointments. Please do not call the office to request samples.

MEDICAL RECORDS:

- There is a \$20.00 fee for medical records up to ten pages in length. Additional pages will be charged at 50¢ per page up to 50 pages and 25¢ per page thereafter. The fee must be paid prior to the release of the records.
- We require 15 business days to process a request for medical records. There is a \$10.00 fee for “rush” medical records requests.

FORMS & LETTERS:

- There is a minimum \$20.00 fee for the completion of forms or letters. Additional charges may be applied dependent on the nature and complexity of the form or letter. The minimum fee must be paid in order for the provider to begin the form or letter.
- A signed letter of release or request form may be required to process the form or letter.
- Please allow 7-10 business days to complete forms or letters. There is a \$10.00 fee for “rush” requests.

COURT & LEGAL PROCEEDINGS:

- There is a \$500.00 retainer fee for court and legal proceedings.
- Hourly rates vary by provider
- Payment in full is due at the time of scheduling and fees are non-refundable unless cancelled 48-hours in advance.

AFTER HOURS TELEPHONE TRIAGE SERVICES:

- We reserve the right to charge a minimal fee for providing medical or therapeutic advice during non-business hours.
- These services may not be covered by insurance.

DISMISSAL FROM THE PRACTICE:

- If you are “dismissed” or “terminated” from the practice, it means you can no longer schedule appointments, get medication refills or consider us to be your provider. You will have to find another practice for your services.

Common Reasons for Dismissal:

- Failure to keep appointments, frequent no-shows
 - Noncompliance or failure to follow physician/provider instructions about an important health issue
 - Abusive to staff
 - Failure to pay your bill
- If you are dismissed we will send a written notification letter via certified mail to your last known address. We will provide emergency services for a period of 30 days beyond the date of the letter. We will send a copy of your medical records to your new provider at your request; following our record release protocol.

BILLING QUESTIONS:

- Midwest Behavioral Health has contracted with HSC Medical Billing and Consulting, for billing and collection services as an extension of our practice. Billing questions and concerns should be directed to their office at 812-473-0181. They will be happy to answer your questions or concerns.

ACKNOWLEDGEMENT:

- ***I have read and understand the financial policy of Midwest Behavioral Health and I agree to be bound by its terms.***
- ***I agree to assign insurance payments to be made directly to Midwest Behavioral Health, for services rendered.***
- ***I also understand and agree that such terms and conditions may be amended or subject to change.***

Patient/Guardian Signature

Date Signed

Patient/Guardian Name (Printed)