



Financial Policy

Welcome to Comprehensive Behavioral Health Services, LLC

AGREEMENT FOR PAYMENT FOR SERVICES:

Full Payment for services are due at the time of service, and collected at the beginning of each appointment. Any insurance co-payments are due at time of service. You must provide your insurance card and identification-at-each visit, which is subject for verification prior to your appointment time. CBHS reserves the right to cancel your appointment if proof of insurance cannot be verified or is not provided or require full visit fee be paid prior to your appointment.

Co-Pay-A preset amount that is your responsibility at each visit. This is a flat rate that is subject to change each time your policy is renewed.

Co-Insurance-A percentage of your visit which will be calculated on the amount your insurance discount allows for the type of service you are receiving. This amount may change from visit to visit depending on the complexity of your appointment and or additional services rendered during your appointment.

Self-Pay-When you do not have an insurance discount plan, paying cash for your visit, you will be quoted a typical visit amount for your reason for visit and length and payment will be required prior to your visit. This amount may increase depending on the type of service you actually receive along with any additional services rendered during the visit.

SCHEDULING AGREEMENT:

In order for CBHS staff to schedule you in a timely manner and allow for timely follow-up **appointments, it is** your responsibility to communicate when you are unable to keep your appointment not only as a courtesy to your provider and other patients, but also for administrative purposes as our staff prepares for each and every patient visit. Please be advised that 3 no shows for any provider will result in discharge from the practice.

24 hour notice must be provided to cancel an appointment or a no show fee of \$35.00 will be charged to your account and you may not be able to reschedule the missed appointment for 60 days. Saturday appointment no show fee rate is \$100 and you will not be able to schedule another Saturday appointment for 6 months.

UNDERSTANDING YOUR COSTS:

While CBHS staff strives to make sure all of your financial obligations for services are clearly explained to you prior to your visit, it is your responsibility as a patient to understand what your insurance covers and does not. CBHS recommends you contact your insurance company by calling the number listed on your insurance card and inquire about your mental health benefits allowing you to be aware of any costs that may become your responsibility as part of your treatment with CBHS.

I also understand and acknowledge that I am personally responsible to pay CBHS in full for services that my health insurer will not cover due to non-payment of my health insurance premiums.

OUTSTANDING BALANCES:

If your patient responsibility balance becomes greater than \$250.00 at anytime, CBHS requires payment agreements be made and followed in order to continue treatment. If at any time it is determined that good faith payments are not being made on any account, CBHS reserves the right to deny services till accounts are paid in full. Not fulfilling financial obligations to CBHS is

also grounds for discharge from the practice. If there is a credit balance on your account at anytime and you are still receiving treatment please note that the credit will be applied to future fees incurred. Overpayments on accounts will be re-funded if no longer receiving services within a period of six months.

Other Costs.

Any returned check for insufficient funds will result in an additional fee of \$35.00. Medical Records Release to patient, cost starts at \$2.92 for each of the first 10 pages and is \$0.61 for pages 11-50, and \$0.25 for any pages over 50. Medical record releases requested by other providers on your behalf are at no charge to you. Complex forms requested to be filled out by your provider on your behalf may also incur additional fees depending on time required for completion. This does not pertain to insurance prior authorizations. Please present your documents and then CBHS staff can access whether fees will be incurred.

MEDICATION REFILL POLICY:

Prescriptions should be obtained at your regularly scheduled physician appointments. It will be necessary for you to make an appointment for any prescription changes as this will not be done over the phone. There are times when you may have prescription needs between appointments, please be aware that no prescriptions will be refilled after normal business hours. Please allow 72 hours for processing of any prescription request. In the event a prescription is not effective, do not discard medication. Please bring in any unused medication at your next visit and CBHS staff will properly dispose of. Please note that some prescriptions require prior authorization from insurance companies and allow CBHS staff 72 hours to complete necessary forms and follow-up on your behalf. CBHS will not replace lost or stolen prescriptions unless a police report is provided. A \$20.00 fee will be your responsibility if your physician has to replace the prescription after the police report is provided to the CBHS.

STATEMENTS: Each month you will receive a statement for your portion of any bill that is due within 30 days of receipt. You will be asked at your next appointment for any outstanding balance payment in full unless prior arrangements for payments have been made.

COMMUNICATION: If you ever have questions about bills that you receive or you have the need to make payment arrangements due to hardship, loss of insurance, job, or other, please contact our billing department and we will be happy to assist you in your options for continuing your care. **Please retain this document for your records.**