

## Financial Agreement

Fox Valley Psychiatry is committed to providing quality care. The following is a statement of our financial policies which you are required to review and agree to prior to any treatment.

- Payment for services is your responsibility. Payment by credit card, check, cash, and pre-approved insurance is allowed.
- It is your responsibility to know your insurance benefits, including whether the Fox Valley Psychiatry provider you receive treatment from is a contracted provider with your insurance company. You are also responsible for knowing your covered benefits, any exclusions in your insurance policy, and pre-authorization requirements.
- Prior to your treatment, Fox Valley Psychiatry will attempt to confirm your insurance coverage. It is your responsibility to provide current and accurate insurance information. Should you fail to provide updated coverage information you will be financially responsible.
- If your provider contracts with your insurance company, your insurance company will be billed first and then you will be billed for any amount determined to be your responsibility (such as copayments or deductibles).
- A copy of your insurance card will be scanned for our records. You will either upload a picture electronically of your insurance card when completing your intake paperwork online or have it scanned in the office.
- If your provider does not contract with your insurance company, you will be expected to pay for all services and billed accordingly.
- You authorize release of medical or other information necessary to process claims.
- Some insurance companies have Out-of-Network benefits that have co-insurance charges, higher co-payments, and limited annual benefits. Your portion of the payment will be higher if your provider is Out-of-Network with your insurance company.
- If you fail to pay for services rendered by the due date, Fox Valley Psychiatry or it's contracted billing associates will attempt to contact you to rectify the delinquent payment. If payment is still not received 3 weeks after that contact, your delinquent account may be referred to a third party collection agency. If your payment goes to collections, you are responsible to pay the collection agency fee, which may be based on a percentage at a maximum of thirty nine percent (39%) of the delinquent account, together with all costs, and expenses, including reasonable attorney's fees and court costs, necessary for the collection of the delinquent account.

I have read the financial policies above. My signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services, I assume financial responsibility and will pay all such charges in full.

Signature of Patient/Responsible Party

Date

Name of Patient/Responsible Party (print)

Relationship to Patient