

MATHERS CLINIC, LLC

FINANCIAL POLICIES

Patient Name: _____ (please print)

Please read carefully and initial each selection below:

FULL PAYMENT

Full payment for copays and Self Pay services are expected at the time of service unless prior arrangements have been made. Mathers Clinic accepts cash, checks, money orders and all major credit cards.

INSURANCE

We participate with several major insurance companies and mental health managed care networks. We will submit claims to your insurance carrier if you have given us all of the required information. We will attempt to determine your benefits by contacting your insurance company via phone or online. However it is your responsibility to familiarize yourself with your insurance benefits and verify if we are in or out of network with your policy.

Please note that the information we obtain from your insurance is not a guarantee of your benefits or coverage and therefore we cannot guarantee that your services will be covered. In addition, please be aware that some and perhaps all of the services provided may be "non-covered" or deemed "not medically necessary" according to your policy.

You remain responsible for payment of any amounts not covered by insurance. Regardless of the type of insurance coverage you have, you are ultimately responsible for paying your medical bills.

PRIOR AUTHORIZATION / REFERRALS

It is your responsibility to make sure any referrals or authorizations required by your insurance company are in place prior to services. Payment for any claims denied for lack of prior authorization or referral may be the responsibility of the patient.

MINOR PATIENTS

All copays and Self Pay services must be paid in full at time of service. If an adolescent patient arrives alone, please make sure they have the required payment due or you may call ahead to pay by phone. The adult accompanying a minor to their first visit and signing this form will be established as the financially responsible party unless a separate **FINANCIAL RESPONSIBILITY FORM** has been submitted by another individual. Mathers Clinic/Mathers Recovery will not be involved in negotiating financial responsibility between parents/guardians and unpaid services may result in a termination of treatment. **We will not bill third parties or unattending guardians without the required forms being completed prior to the start of treatment.**

BILLING PROCESS

If your claim is denied or processes with a patient responsibility the balance due for services will be your responsibility. You will be mailed a statement for any balances due after the insurance has processed your claims. Balances are due within 30 days of the invoice date.

It is your responsibility to update our office regarding any changes of address or insurance within a timely manner. If current insurance information was not provided at your appointment we will not retroactively submit claims beyond 60 days and payment will be your responsibility.

Delinquent accounts with balances over 120 days past due may be turned over to a collection agency and patients may be discharged from the practice.

CANCELLATIONS / No SHOW POLICY

I agree to give 24 hours notice if I must cancel or reschedule my appointment. If I fail to do so, I understand that I will be charged \$50 for that session.

RETURNED CHECK POLICY

A \$35 returned check fee will be charged for any returned check, and the patient will be responsible for any fees for collection of past due balances.

OUTSTANDING BALANCES

I understand that **Mathers Clinic reserves the right to prohibit services to the patient if at any time a balance of \$200 or more is accrued.**

AUTHORIZATION OF PAYMENT

I hereby authorize and direct payment of my medical benefits to Mathers Clinic or any services furnished to me by the staff. I also request payment of government benefits either to myself or to the party who accepts assignment.

COURT ORDERED EVALUATIONS (if applicable)

I understand that any court-ordered evaluations will not be released without full payment. To receive the evaluation report within 10 days from the date of completion, Mathers Clinic requires that payments be made in cash, credit card or money order. We accept personal checks, but the report will only be released 14 days after the receipt of payment. I understand that these evaluations will not be submitted to insurance by Mathers Clinic.

I understand the above Financial Policy and agree to the conditions of such.

Printed Name of Patient or Legal Guardian

Date

Signature of Patient or Legal Guardian

Date



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ROCKFORD: 6090 Strathmoor Dr, Ste 1, Rockford, IL 61107

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