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## Office Insurance Policy

### **PATIENTS WITH INSURANCE COVERAGE**

We will be glad to bill your insurance carrier as a courtesy to you. Portions of the bill may not be paid by the insurance company and are to be paid by the patient. Sometimes there is a co-payment, deductible, co-insurance, or part of a fee that is not covered by your insurance agreement. Even if you have double coverage (this is possible if you and your spouse both have insurance), there may still be a portion that will be your responsibility.

If you are having treatment over a period of time, we appreciate payment during the course of the treatment. Our office will assist you in arranging a payment schedule.

Health insurance is a contract between a patient and an insurance company, which agrees to pay certain prescribed benefits to the patient when health costs are incurred. Few health insurance plans pay 100% of the cost nor do they pay for all services. We encourage you to speak directly with your insurance company or employer regarding what services your policy covers and what co-insurance and deductibles may need to be met.

Insurance companies pay health costs according to fee schedules which they have devised. The fee schedule may or may not coincide with the actual fees that are charged. Although Insurers call their services usual, customary, and reasonable, in fact, often they are based on information gathered from one to three years previous. Therefore, in most cases what the office charges will be higher than what the insurance company reimburses. This does not mean that the office is over-charging, it means that the insurance company pays for what it has agreed to pay, not what has been charged.

I understand and agree that I am ultimately responsible for payment for any professional services rendered, not my insurance company. I also understand that it is my responsibility to obtain a referral, to know the expiration date of the referral, and when to obtain a new referral. I have read all the information on the treatment consent and demographic form. I certify that this information I have given is true and correct to the best of my knowledge. I will notify you if any changes occur in the information I have given.

### **PATIENTS WITHOUT INSURANCE COVERAGE**

Patients without insurance coverage are requested to pay for services as rendered. We accept cash, check and credit cards: Mastercard, Visa, and Discover payments.

### **ADDITIONAL TERMS**

Appointments canceled with less than 24 hours' notice or broken appointments are subject to a cancellation charge, which is the equivalent of the time reserved for you.

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Checks returned by your bank are subject to a \$35.00 processing charge.

If your account is referred to collection, you will be responsible for collection costs of the outstanding balance.

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible.

I have read and understand the insurance office policy for A.M.A. Counseling Services, LLC.

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Signature of Patient or Guardian

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Today's Date