



Financial Agreement

YOUR FINANCIAL RIGHTS AND RESPONSIBILITIES

Thank you for choosing West Bergen Mental Healthcare as your treatment provider. We are committed to your treatment being successful. Please understand that timely payment of your bill is required to receive our services. The following is a statement of our Financial Agreement which the person responsible for payment of account is required to read and sign prior to any treatment. You may request a copy of this agreement from our Front Desk.

Payment for Service:

Payment for service is due at the time services are rendered. We accept cash, checks, debit cards, and credit cards including: MasterCard, Visa, Discover and American Express. For your convenience, we also have a credit/debit card on file option. When electing this option, you authorize us to automatically charge your designated credit/debit card for payment of services rendered.

Payment Plans:

Adjusted payments are not accepted unless a prior, written payment plan, outlining your adjusted assessed fee and payment schedule, has been developed with our financial counselor. Failure to pay your assessed fee at the time of service will result in your becoming responsible for the full fee.

Non-Payment:

Failure to pay your fee may result in termination of services and your account being turned over to a collection agency. In addition, it is your responsibility to ensure that your insurance company pays promptly so you can avoid collection issues. A collection agency may be used to collect on delinquent accounts with long term, unpaid balances. All fees incurred in the collection of your debt will become your responsibility.

Health Insurance:

We strongly urge that prior to beginning treatment, you check with your insurance provider regarding coverage for treatment we offer. As a courtesy, West Bergen's Access Department, during your initial contact to our practice, will also contact your insurance provider to verify your insurance benefits. West Bergen cannot be responsible for any errors made by insurance providers in the verification process. Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting periods, authorizations, etc. are ultimately, entirely YOUR responsibility. It is critically important that you know what your benefits plan allows since not all services we offer are covered benefits. Benefits differ from one insurance provider to another. In addition, some members of our clinical staff may not be covered within your benefit plan.

All charges not paid by your insurance provider are your responsibility. Fees for non-covered services, along with deductibles, copayments and co-insurance payments are due at the time of treatment.

Any changes regarding your insurance coverage, **(including but not limited to, loss or change in Medicaid, Medicare or commercial insurance provider, a change in your current coverage plan, addition of secondary insurance, etc.)** must be immediately reported to us, by you. Claims denied to West Bergen due to our not being informed of a change in your insurance will become your responsibility and those fees will be assessed to you for payment.

If you have an out of network benefit, payment in full is expected at the time of service unless other explicit arrangements have been made prior to service. We provide you with appropriate documentation, (super-bill) suitable for submission to your insurance company, following payment. If compelling, unusual circumstances necessitate that we submit to your insurance provider, any and all reimbursement checks sent directly to you must be endorsed and forwarded to West Bergen within five days. Failure to turn over reimbursement checks due to West Bergen represents grounds for discontinuation of services and subsequent legal action.

Self –Pay:

If you do not have valid health care coverage, you will be considered as Self-Pay. The assessed full payment is due at the time of service unless other arrangements have been made, in advance, with our financial counselor.

Minor Clients:

The adult accompanying the minor (under the age of 18) is responsible for the full assessed fee at the time of service. A parent or legal guardian **MUST** accompany the minor unless prior arrangements have been made. In the case of divorce or separated parents, the parent accompanying the minor is responsible for full payment of the assessed fee. West Bergen will not attempt to collect payment from a parent not present during the visit unless a prior arrangement to charge that parent’s credit/debit card is on file with our office.

I (we) have read, understand and agree with the provisions of this Financial Agreement.

Person responsible for account: _____

Co-responsible party: _____

Date: _____