



CLOCKTOWER

— PSYCHOLOGICAL ASSOCIATES, LTD —

Insurance Release

Patient Name _____ Patient Soc. Sec. # _____ - _____ - _____

Name of Insured _____ Primary Insurance _____

Date Of Birth of the Insured ____ / ____ / ____ Relationship to Patient _____

Employer Of Insured _____ Work Phone # (____) _____ - _____

ID Number of the Insured _____ Group / Policy # _____

Office Financial Policy

Thank you, in advance, for the opportunity to serve you. As a courtesy to you, our valued patient, our office will bill your insurance company. However, please be aware that there are numerous insurance networks. We may or may not be a part of all of these networks and therefore, if we are not "in-network" we may not have agreed to accept a reduced fee. Many insurance companies pay at different rates based on whether or not a provider is part of the network. It is the responsibility of the patient to know and understand the benefits of his/her particular insurance plan. Insurance coverage is a contract between the patient and their insurance carrier. We will assist you in maximizing your insurance benefits by verifying your benefits, however, this is not a guarantee of accuracy of benefits or payments. By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of initial notice of a claim. If an insurance problem occurs, the patient may be asked to assist our office in contacting the carrier and/or in filing a complaint with the State Insurance Commissioner.

Insurance Change

It is your responsibility to notify our office as soon as possible when you have any policy or insurance changes. Failure to do so will result in a denied claim(s), and you will be responsible for the balance due.

Medicare

Our office accepts Medicare assignment. However, there is a yearly deductible to be satisfied by the patient and up to 20% co-insurance for our services. Sometimes this balance is paid by a secondary insurance. Unpaid balances by Medicare and Secondary Insurance are the patient's responsibility.

Financial Responsibilities

If an insurance company has not settled a claim within 90 days, the patient will be notified and the responsibility for the balance will transfer to the patient. Our office will be happy to provide you with the information we have received from the insurance company regarding non-payment of claim(s). Accounts that have no payments for over 120 days may be sent to an outside collection agency. Prompt payment is appreciated.

Disclosure / Agreement

I agree to pay for any and all medical services that my insurance company refuses to pay for, regardless of the reason. This office will file a claim on my behalf. If my insurance company denies payment for any reason, I will be responsible for the balance unpaid (non-covered expense, co-pays, co-insurance, deductibles). Failure of the insurance company to pay within 90 days of filing is for the purpose of this agreement, a refusal to pay.

In the event I do not pay for these or any other services provided me when due, I agree to pay all collection fees. I have read the financial policy and disclosure agreement and I hereby authorize my benefits to be paid directly to this provider's office, realizing that I am responsible to pay non-covered services.

Patient's / Guardian's Signature _____ Date ____ / ____ / ____

Print Name _____ ~ 847.726.2400 ~