

CLIENT FINANCIAL RESPONSIBILITY POLICIES

INSURANCE BILLING

As a courtesy, we will verify your insurance coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of fees associated with any services provided. Fees may include co-pays, co-insurance, deductibles, no show/cancellation fees, or additional services not covered by your insurance carrier. If your insurance carrier denies part or all of you claim, you will be responsible for any balance remaining.

Once payment has been received from your insurance carrier, your debit/credit card on file will be immediately charged the remaining balance as deemed by your insurance carrier. Any charges that cannot be collected immediately will generate a statement and be considered immediately due upon receipt by the financially responsible party. We accept checks, cash, FSA/HSA accounts, and all major credit cards. Payments can be made in person, by phone, and online at EdgewoodServices.com

Failure to meet all financial obligations may result in the account being referred to a collections agency. Any additional fees incurred on behalf of Edgewood to collect outstanding balances will become your financial responsibility. If you are unable to pay account balances, please contact our Billing Department immediately to explore options **BEFORE** balances are sent to a collections agency.

Initials _____

DEBIT/CREDIT CARD ON FILE POLICY

All clients are **REQUIRED** to keep a debit/credit card on file in order to receive services. This information will not be held by Edgewood. It will be maintained in a secure First Data database. All co-pays will be charged to this card at the time of visit. All remaining balances, as deemed by your insurance carrier, will be charged to this card upon receipt of notification by Edgewood from your insurance carrier. **YOU WILL BE REQUIRED TO PROVIDE A DEBIT/CREDIT CARD ON YOUR FIRST VISIT. IF YOU SEND AN UNACCOMPANIED MINOR FOR HIS/HER FIRST VISIT, YOU MUST SEND IN A COMPLETED CREDIT CARD AUTHORIZATION FORM WITH HIM/HER.**

Initials _____

CO-PAY COLLECTION

Some health insurance carriers require the patient to pay a co-pay for services rendered. It is expected and appreciated for the clients to pay their co-pay at EACH VISIT when the service is rendered. Your debit/credit card on file will be immediately charged upon check in for appointments.

Initials _____

LATE CANCELLATION/NO SHOW POLICY

We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. However, we **REQUIRE** you to call 24 hours prior to the appointment to cancel it. Failure to provide 24 hours' notice to Edgewood will result in a cancellation charge of \$50 for groups, \$100 for counseling appointments, \$150 for psychological testing, \$150 for follow-up psychiatric appointments and \$300 for initial psychiatric appointments. Your credit card on file will be immediately charged at scheduled appointment time.

Initials _____

CANCELLED CHECK & CREDIT CARD DISPUTE POLICY

A fee of \$30 will be applied to your account per returned check.

A fee of \$30 will be applied to your account for any credit card charge dispute that results in favor of Edgewood. Further, the disputed amount will immediately be charged to the credit card on file upon findings of the credit card merchant that the charges are valid.

Initials _____

My signature reflects my understanding and acknowledgement of the above initialed provisions of the Client Financial Responsibility Policy.

Client Signature (18 & over)

Client Printed Name (18 & over)

Date

Parent/Guardian Signature (under 18)

Parent/Guardian Printed Name (under 18)

DateP3