

BIO-BEHAVIORAL MEDICAL CLINICS, INC.

Payment Policy

Dear patient:

Thank you for choosing Bio-Behavioral Medical Clinics, Inc. We are committed in providing quality Behavioral Health Services. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read. Ask any questions you may have and sign in the space provided. A copy will be provided to you upon request.

1. Insurance: We participate in most insurance plans, including Medicare. If you are *not* insured by one of our contracted plans, payment in full is expected at each visit. If you don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. *Knowing your insurance benefits is your responsibility.* Please contact your insurance with any questions you may have regarding your coverage.
2. Co-payments and deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
3. Non-covered services: Please be aware that some of the services you receive may be non-covered or not considered "reasonable and necessary" by Medicare or other insurances. You must pay for these services in full at the time of visit.
4. Coverage Changes: If your insurance changes, please notify us so we can update your account. If your insurance company does not pay your claim in 45 days, the balance maybe billed to you.
5. Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance as proof of insurance and may request a copy of your driver's license or photo ID. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of services provided.
6. Claims submissions: We will submit your claims and assist you in any way we reasonably can to get your claims expedited. In some cases your insurance may need further information directly from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefits is a contract between you and the company. We are not part of that contract.
7. Secondary Insurance: As a courtesy, we will bill your secondary insurance company once. If payment is not received within 30 days of the date of the secondary insurance billing, it will be your responsibility to pay Bio-Behavioral Medical Clinics, Inc.

BIO-BEHAVIORAL MEDICAL CLINICS, INC.

Payment Policy

8. Fee: All fees are due at the time services are rendered. Patients and clients are responsible for the co-payment, deductible, non-covered services, and any other fees as outlined by their insurance benefits plan. For your convenience we accept payment by cash, check, credit card, and debit card. Payments can also be made on-line at www.bbmc-inc.com.
9. Nonpayment: If your account is over 60 days past due, you will receive a letter of delinquency stating you must pay your account balance in full immediately. Partial payments will not be accepted unless a payment plan is in place. Please be aware if your balance remains unpaid, we will refer your account to a collection agency and you will be discharged from this practice. If any amount is assigned for collections and/or legal action is required, the prevailing party shall be entitled to reasonable attorney fees and court cost.
10. Prior Authorizations: If your insurance requires a prior authorization for any services we will assist you in this process. But, it is your responsibility to see that one is obtained prior to receiving this service.
11. Returned Checks: There will be a **\$25.00** service charge for all returned checks.
12. Workers' Compensation: Bio-Behavioral Medical Clinics, Inc. does not accept any workmen's compensation cases.
13. I hereby authorize my insurance benefits to be paid directly to the physician and authorize the release of information required for processing my claims.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charge for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature of Patient or Responsible Party

Date

Print Name