Behavioral Health Services of the Hudson Valley
633 Gidney Ave. Suite 6, Newburgh, NY 12550 Phone: 845.569.2900 Fax: 866.619.5710 Web: BHSHV.com

FINANCIAL AGREEMENT

FINANCIAL POLICY

It is the policy of this office to collect co-payments, co-insurance, deductibles and any other expenses incurred at the time of service unless other specific arrangements are made in writing. By signing this agreement, you are accepting responsibility for payment of any and all expenses related to the provision of care, regardless of insurance coverage expectations.

As indicated, deductible payments and copayments are due at the time of your visit; therefore no bill will be generated unless payment is not made as required. A $5.00 billing fee will be applied for accounts that require a bill to be generated.

INSURANCE INFORMATION AND FINANCIAL RESPONSIBILITY

While, we may accept your insurance plan, all services may not be covered. It is your responsibility to know and understand your benefit coverage and limitations. Services provided at this office fall under the category of mental health and substance abuse. As such, your primary insurance company (i.e. GHI, MVP, BCBS, NYSHIPS) may contract with another carrier (i.e. Magellan, UBH, Value Options, Beacon Health Options) for these specialty services. Your insurance company may require authorization for services. You are required to obtain authorization if your plan requires you to do so.

By accepting services at this office, you personally guarantee payment for all services provided which may include non-covered services. Examples of non-covered services include, but are not limited to: coordination of care with other providers, review and interpretation of medical records, treatment reports, preparation of disability papers, telephone consultation, clinical case reviews, services rendered for legal purposes.

MEDICATION POLICY

If medication is or will be part of your treatment, you are responsible for obtaining a list of your insurance company's authorized medications or formulary. This will prevent you from having to schedule an additional visit due to insurance coverage limitations. Prescriptions are dispensed at your appointment time with the prescribing provider. Medication needs are discussed at this visit. It is imperative that you be aware of your refill needs at this time.

MISSED APPOINTMENTS AND CANCELLATIONS

Fees will be applied for missed appointments. Our policy requires 24 hour notice to cancel an appointment. Exceptions may be made in the event of a true emergency. Failure to cancel an appointment with 24 hours notice will result in a $75.00 fee. After 3 missed appointments, you will be charged the full fee of $150.00.

AGREEMENT OF FINANCIAL RESPONSIBILITY

I agree to be responsible to pay for all non-covered services rendered by providers at this office.

I have received a copy of the HIPAA compliant privacy policy for this office as it pertains to services rendered by providers at this location. I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim or outstanding balance. I understand that I am financially responsible for all charges beyond authorized insurance benefit payments.

This agreement is in effect until revoked by me in writing. A photocopy of this agreement is accepted as valid. I have read and fully understand this agreement.

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Signature of Insured/Guardian Date